

Activity Boost Grant Application form

Cystic Fibrosis Trust provides grants of up to £350 to help people do more exercise and physical activity at difficult times. The grants give short-term support and will help to improve fitness levels and confidence in exercising for people who need an extra boost.

Who can apply

Adults or children who:

- Have CF
- Are under the care of a CF team in the UK
- Are on a low income or can't afford to access this type of activity themselves
- We can only accept applications from people who will benefit most from short-term support with physical activity. This is usually people who are on the transplant list, are recovering from transplant, or those who have been very unwell recently.

What can you apply for?

- You can apply for gym membership, activity classes, or personal training sessions. Your CF physio must agree that this is a good type of exercise to help with your CF, so talk to them before you apply.
- If you are applying for exercise equipment, please do not use this form. You may be able to apply for a **Health and Wellbeing grant** instead.

How to apply

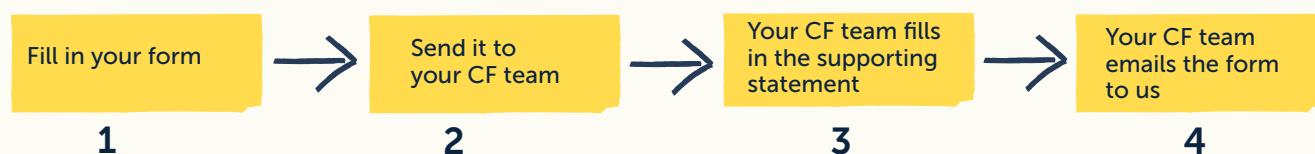
Please read the information **about our grants** on our website before filling in this form. Our helpline team can also talk this through with you.

- Please fill in Sections 1, 2, 3 and 4. You can ask your CF Team to help you with this.

- Please ask your CF physio or the exercise specialist in your CF team to complete the supporting statement in Section 6
- Your CF Team should email the completed form to **helpline@cysticfibrosis.org.uk**
- If you email the completed form to us your CF team will still need to send an email from their NHS address to **helpline@cysticfibrosis.org.uk** to confirm they provided the supporting information.
- If you send the form to us without section 5 completed, the CF team can send an email with the supporting information to **helpline@cysticfibrosis.org.uk** from their NHS address. Please note they need to see the form or have discussed the information you have provided on the form before providing a statement.
- Our grant panel will make a decision on your application. The panel meets every two months. The date of the panel meeting and closing date for applications can be found on the Health and Wellbeing page our website.

Please call 0300 373 1000 (Mon-Fri 10am-4pm), WhatsApp message us on 07361 582053 or email **helpline@cysticfibrosis.org.uk** if you have any questions or need any help to complete this form.

Application steps



Section 1: Applicant's details

Here we need some details from you. The applicant is the adult or child with cystic fibrosis.

We will contact you about your application, so please make sure this information is correct.

Applicant's name	
Applicant's address	
Applicant's date of birth	
Contact name (parent/carer if applying for a grant for someone with CF who is under 18)	
Contact email address	
Contact phone number	

Section 2: Eligibility

Here we need to check that you are eligible to apply for the grant.

Please confirm that **all** of these criteria are met by ticking each box:

- ☐ The applicant has a diagnosis of cystic fibrosis and
- ☐ The applicant lives in the UK and is under the care of a UK specialist cystic fibrosis team / centre and
- ☐ The applicant's household has less than £6,000 in savings or another bank account.

Please tick the box to confirm that **at least one** of the following criteria are met:

The applicant (or their household if a child):

- ☐ receives a means-tested benefit. Means-tested benefits include: Universal Credit; Pension Credit; Housing Benefit; Council Tax Support

OR

- ☐ cannot afford this type of exercise/activity for another reason, please give details:

Personal Circumstances

We may use this information to help our panel make a decision on your application. You can use the tick boxes provided, or circle, highlight or write on the form.

Does anyone else in your household have a long-term health condition or disability?

- ☐ Yes
☐ No

If yes, please give details:

Number of adults in the household (18 and over):

Number of children in the household (Under 18):

Housing type (please tick one that best describes the applicant's housing situation at the moment):

- ☐ Own home outright
☐ Own home with mortgage
☐ Shared ownership
☐ Private tenant
☐ Council Housing
☐ Housing Association
☐ Housed through job/business
☐ Caravan/mobile home
☐ Living with parents/relatives
☐ Homeless (including B & B tenant or hostel, or staying with friends)
☐ Other, please give details:

How many times has the applicant had to stay in hospital overnight because of cystic fibrosis in the last 12 months? Please provide the number of admissions to hospital (not the number of days)

In this section, **please tell us what support you need to boost your physical activity, and why it is important that you get some help with this.** This will be looked at by a panel who will decide whether to give you the grant, so please give us as much detail as you can.

I am applying for:

I am applying for this grant because. Please tell us why it is important for you to boost your/your child's activity levels. All our applications are from people with CF, so saying that you need to exercise because of your CF is something we hear a lot. We need to know why it's important for you, right now.

The difference this grant would make is. Please tell us what would change for you/your child if you were given this grant.

Is there anything else you'd like us to know?

Please tell us how you would use the grant and include evidence of the cost (for example, a link to the gym's website with membership prices). Without this information your application will not be taken to the panel.

Activity	Cost (£)
Total amount requested	£

Section 4: Payment details

Here we need your payment information

We pay all grants by BACS bank transfer as this is the quickest way to get the funds to you. Please provide the bank details of your chosen account below. If you do not have a bank account please contact our helpline.

Your name (as it appears on your bank statement)								
Bank/Building Society								
Account number								
Sort code								

If this grant is for an adult with CF and will be paid to someone else, please tick here to confirm you agree to this. If you are a CF team member completing this form, please tick here to confirm the applicant knows about the grant and agrees to it being paid to this person. ☐

We might share the story of your grant to help us promote our grant programmes and raise awareness of how our support helps people living with cystic fibrosis. Stories like yours are really important to us as they show people how we can help. To protect your privacy, we always change names and any identifying details when we share these stories. If you prefer that we do **NOT** share your story, please tick here ☐

Further support

Would you like a free benefits check to make sure you are receiving everything that is available to you?

☐ Yes ☐ No

Would you like free **income maximisation** or budgeting help which is provided by our Welfare Team?

☐ Yes ☐ No

If you're a CF team member and have ticked either box above, please let the applicant or listed contact know that once the grant is processed, our welfare team will get in touch to book their appointment

Applicant checklist

Have you:

- filled in all sections of the form?
- told us why this grant is needed and how it will help?
- included a link/screenshot to the item(s) you would like to buy with this grant?
- included the exact cost of the item(s) you would like to buy with this grant?

Next steps

- Please complete the monitoring form on the next page. We won't use this information to assess your application, but it is important for us to understand who our support is reaching.
- Ask your CF team to fill in section 5 of this form
- You, or your CF team, will then need to email your completed form to helpline@cysticfibrosis.org.uk

Further information

- We cannot accept applications for things that have already been ordered or purchased.
- If the application is successful and you are purchasing an item which comes with a free manufacturer's guarantee, we ask that you sign up to this as soon as possible.
- We will contact you after you receive the grant to request a copy of a receipt or proof of purchase. We might also ask for feedback or offer other support.
- If you do not provide a receipt or proof of purchase you may not be able to apply for future grants from us.
- If your application is successful, you will not be able to apply for another Health & Wellbeing grant for 12 months.
- We will contact you (and the person from your CF team who fills in section 5 of this form) to ask for more information, for feedback and to offer other support.
- We will contact applicants and endorsers to gather more information, for feedback and to offer other support.
- In completing this form as an applicant or endorser, you consent that the Cystic Fibrosis Trust will store and process the personal information provided solely for the purposes of assessing and processing this grant application and future grant applications made by/for the applicant. We will treat any information provided in your application in strict confidence, and will not share it with anyone without your specific consent. For more information, please see our privacy policy on our website.

Section 5: Monitoring form

Please help us to monitor the reach and impact of the Cystic Fibrosis Trust's Welfare Grants programme by answering the questions in this final section. The information in this section is not used to make decisions and will not affect the outcome of your application.

This information is about the person with cystic fibrosis who will benefit from the grant

Gender

- ☐ Male
- ☐ Female
- ☐ Intersex
- ☐ Non-binary
- ☐ Prefer not to say

If you prefer to use your own term, please specify here:

How many adults in your household:

How many children in your household:

Age

- ☐ Under 18
- ☐ 18–24
- ☐ 25–34
- ☐ 35–44
- ☐ 45–54
- ☐ 55+

Ethnicity

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese

Any other Asian background

Black, Black British, Caribbean or African

- ☐ Caribbean
- ☐ African

Any other Black, Black British, or Caribbean background

Mixed or multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian

Any other Mixed or multiple ethnic background

White

- ☐ English
- ☐ Welsh
- ☐ Scottish
- ☐ Northern Irish
- ☐ British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Roma

Any other White background

Sexual Orientation

You do not need to complete this section if the applicant is a child

- ☐ Heterosexual
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Prefer not to say

I identify as:

How did you hear about Cystic Fibrosis Trust's grants?

- ☐ Cystic Fibrosis Trust website
- ☐ Hospital or CF specialist team
- ☐ Social media

Other:

What is your household income per year?

This includes benefits and earnings

- ☐ Less than £6,000
- ☐ £6,000–£14,999
- ☐ £15,000–£27,999
- ☐ £28,000–£29,999
- ☐ £30,000–£44,999
- ☐ £45,000–£59,999
- ☐ More than £60,000
- ☐ Prefer not to say

Section 6: Supporting statement from the endorser

This section should be completed by your CF specialist physiotherapist or the exercise professional in your CF team

This section should be completed by the endorser and emailed to us from their professional email account. Please note that we may contact the endorser to request further information related to this application or to confirm they provided the statement.

I confirm that this grant will be used to benefit a person living with cystic fibrosis and that the information given is correct.

Name	
Job title	
Place of work	
Contact number/email	

Please tell us about why you think this grant is needed and how the person with CF will benefit from this grant. Please provide specific information to explain the need, with reference to the applicant's CF health and the difference this grant could make to their overall health and wellbeing.

As part of the application process for the Activity Boost grants, we ask endorsers to commit to supporting the applicant to boost their activity levels through the grant and to maintain this when the grant ends. We can only accept applications if the following two boxes are ticked:

- ☐ Please tick to confirm you will work with the applicant to ensure they get the most possible use out of this grant during the grant period.
- ☐ Please tick here to confirm you will work with the applicant to create a plan to maintain their activity levels at the end of the grant period.

Are you planning to collect any specific measures to monitor the impact of this grant, e.g. an exercise capacity test before and after the grant or measures of exercise confidence?

We don't require you to do this, but if you can collect any data it helps us show why these grants are so important and the difference they make, which can help us to support more people with CF. Please make note of any measures you plan to use here; we'll contact you about this for more information.

Please tell us how you will work with the applicant to ensure they get the most possible use out of this grant during the grant period and what your plans will be to maintain their activity levels at the end of the grant period.

Supporting statements can also be emailed separately to us at helpline@cysticfibrosis.org.uk. They must be emailed from the endorser's professional email account.

Once you have completed all sections of the form, you or your CF Team should email it to helpline@cysticfibrosis.org.uk

You may want to send this form with password protection or encryption. Please see your local hospital or Trust's policy and procedures for the best way to do this. We can't access NHS internal systems but we are able to access emails encrypted via Egress.

cysticfibrosis.org.uk

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