

# SOUTH NORFOLK DISABILITY FUND



## GRANT APPLICATION FORM

**Before completing the form please take note of the following :-**

- a. Applications will not be considered until statutory resources have been explored.
- b. Grants cannot be paid retrospectively.
- c. No application will be considered if the equipment etc has already been ordered.

### **1. Details of the person with the disability.**

Full Name:

Date of Birth:        /        /

Address:

Telephone No:

Email address: (if available)

Name and address of G.P.:

The trust may wish to contact your GP Please sign here if you agree that we can contact him/her.

I agree to the trust contacting my GP if it will assist in my application

.....  
signature

### **2. Your disability.** (please give details regarding the effects of your disability on your life)

**3. Please list any benefits you receive.** (This includes Income Support, Disability Living Allowance etc.)

**4. Please give an outline of what you intend to use the grant for.** (You should say why you want it and how it will help you.)

**5. If the grant is for an item of equipment, please give full details.** (This should include the maker, the model, the cost, the running costs and any likely maintenance costs that will be involved.)

**6. If you are applying for an educational, travel or holiday grant, please give details.** (This should include a breakdown of costs.)

**7. If you have applied to other organisations for assistance, please give details.** (This should include the results of the application.)

**8. It may be necessary for a trustee to visit you. An appointment will be made in advance but please give an indication of when this is convenient.**

**Signed** .....

(Signature of the applicant or of the person making the application).

**Date**     /     /

**Please enclose a stamped addressed envelope for your reply and send it to:-  
SNDF, 7 BRETtingham AVENUE, CRINGLEFORD, NORWICH NR4 6XG**

**P Tilley DipCOT (Chair) M Williams FFA (Treasurer) U King BA DipCOT (Secretary) J Johnston DipCOT P Threadgold  
J Whitelock MCIH DMS M Forrer P Butlin J Wickwar**

**REGISTERED CHARITY No 801803**

# **SOUTH NORFOLK DISABILITY FUND**



## **Aims of the Trust**

**The fund aims to help provide an improved quality of life for disabled people of all age groups currently living in the social services district of South Norfolk.**

**This help is provided through assistance in giving small grants for the purchase of equipment, holidays, education, and the provision of training that is not available from the statutory sources.**

---

please use the following space if you require to provide further information