

South Tyneside Blind Welfare Association

Reg. Charity No. 228573

Grant Application Form (v3)

Name of beneficiary _____

Address (including post code) _____

Tel. No. _____ **Date of birth** _____

I am registered as blind or partially sighted with my Eye

Specialist / hospital (name/hospital)OR

Ophthalmologist

Name of person making the application (if different from above)

Relationship to beneficiary _____

Address (including post code) _____

Tel. No. _____

If you are applying on behalf of someone else please sign the declaration below.

I confirm that I am authorised to sign on behalf of the beneficiary and that any grant will be used for his\her benefit.

Signed _____ **Date** _____

Please tell us what the grant will be used for and how it will be of benefit.

Amount of grant requested £ _____

What is the total cost? £ _____

How much will you personally contribute towards the costs? £ _____

If you are not applying to us for the full amount, please tell us which other organisations / trusts you are applying to for the remaining cost?

Name of professional Health or Social Care referee (see para 3 Notes for Applicant)

Job title _____ **Tel. No.** _____

Contact address

Please tell us which (if any) DWP benefits you currently receive.

Are you currently employed :- **Yes** **No**

G.P.'s Name and Address _____

I confirm that the information contained in this application is accurate to the best of my knowledge and belief.

Signed _____ **Date** _____

Please keep the Notes for reference and send your **Grant Application Form to the following address:-**

The Secretary STBWA, 23 York Avenue, Jarrow, NE32 5LP.

You will receive a letter confirming receipt of your application and will be advised of the date on which it will be considered by the panel. The panel meet up to four times per year in the months of early January, April, July and August.

Notes for Grant applicants - please read carefully.

The 'Association' is a trust fund. The Trustees may award small grants to '**registered**' blind or partially sighted people in need, who are **residents of South Tyneside, for specialist equipment or services**. Whilst funding is limited, the Trustees hope to use the grants to enhance the lives of the people they represent in South Tyneside. The Trustees meet up to four times a year to consider applications.

1. Beneficiaries must be resident within South Tyneside.
2. Beneficiaries must be registered with a GP in South Tyneside.
3. Applicants should provide the number of their registration Certificate of Visual Impairment, formerly BD8) and include contact details of a **health or social care professional** who may be contacted to verify the beneficiary's registration. By making this application you are consenting to the Trustees contacting this professional. The **health or social care professional** could be a GP, social worker, hospital specialist or Rehabilitation Officer based at 'Sight Service'. The Rehabilitation Officer can be contacted on 0191 478 5959.
4. Evidence of the cost is required for equipment or services to be purchased with the grant and grants awarded **MUST** be used for the specified purpose. The panel reserve the right to ask for evidence of the purchase, delivery or installation of goods/services.

5. All applicants will receive written confirmation of receipt of their application together with the date of the meeting at which the application is to be considered.
6. If successful, grants will be paid by cheque **directly to the supplier or provider**. In rare cases the cheque can be paid to the applicant.
7. Grants will **NOT** be awarded to Groups/Organisations or for holidays, medical treatment, prescriptions, research or transport costs.
8. Occasionally the Trustees may ask for clarification or additional information to help them to reach a decision. All applicants will receive a letter after the relevant meeting to advise whether or not they have been successful.
9. If an application is successful, the same beneficiary cannot reapply within a twelve month period.
10. The Trustees may decide to fully fund **OR** part fund the cost and/or to defer an application to a future meeting if there are insufficient funds.
11. There is no appeal against the decision not to award a grant and Trustees will not enter into discussions about individual applications.
12. If you need help to complete the application form, contact **The Secretary, Marian - Tel. 0191 447 5581.**