



## The Macfarlane Trust - Grant Application Form

**For all grant requests please complete sections 1 - 3 and sign the declaration on the back page.**

Additional information is needed for certain grants and if you are applying for any grants in the following areas, please complete the relevant sections:

- **Accommodation-related grants: Section 4**
- **Education-related requests: Section 5**
- **Stress-related requests inc. respite breaks: Section 6**
- **Mobility deposits – Section 7**

<b>1. Personal Details</b>	<b>Membership Number:</b>
<b>Address that we currently hold</b>	
<b>About you</b>	<b>Property</b>
<b>Date of Birth:</b> <b>Status:</b> <b>Children in Household:</b>	<b>Property status:</b>

**For Official Use Only:**

Date Sent: **Printed via website**

Date Received:

## 2. Household Income & Expenditure – please complete either monthly or annual in £'s

Income	Monthly	Annual	Expenditure	Monthly	Annual
MFT Regular Payments inc. supplement			Mortgage		
MFET payments (monthly or quarterly)			Rent		
Skipton Regular Payments (stage 1or2)			Council Tax		
NET Earnings (wages)			Gas		
Partner's NET Earnings (wages)			Electricity		
Statutory Sick (SSP)/ Maternity Pay (MP)			Water Rates		
Contributions from others in household			TV, phone, Internet (packages)		
Job Seekers Allowance (JSA)			Mobile (contract or top-up)		
Employment Support Allowance (ESA) or Income Support (IS)			Buildings Insurance		
Carers Allowance (CA)			Contents Insurance		
Working Tax Credit (WTC)			Car (servicing/tax/insurance)		
State Pension (SP)			Housekeeping i.e. groceries		
Private Pension (PP)			Clothes/personal Items		
Incapacity Benefit (IB)			Travel inc. petrol		
Attendance Allowance (AA)			Bank Charges (overdraft)		
Severe Disablement Allowance (SDA)			Loans/Advances		
Disability Living Allowance (DLA)			Credit Cards		
Personal Independence Payment (PIP)			Other debts e.g catalogue		
Industrial Injuries Benefit			Other insurances		
Housing Benefit (HB)			Child-related costs i.e. pocket money, activates		
Council Tax Support (CTS)			Pet-related costs		
Lone/Widowed Parent Allowance			Gym memberships		
Child Tax Credit (CTC)					
Child Benefit (CB)					
<b>Total Income</b>			<b>Total Expenditure</b>		

### 3. Grant Request Details

Please give full details of the grant that you are requesting. (Please continue on a separate sheet if necessary.)

Request Amount: £

How would this grant benefit you? (Please continue on a separate sheet if necessary.)

Would you be able to make a contribution if the Macfarlane Trust can only part-fund your grant request?

1. Y/N

2. Amount (please specify) £.....

#### 4. Accommodation-Related Requests

**If you rent your property e.g. from the local authority, housing association etc you are expected to follow the processes below** - If you circle 'Y' to any of the below, we will require copies of the paperwork relating to this to continue processing your application. If you have circled 'N' to 1 - 3 please explain why:

1. Have you applied to the landlord or statutory agency (eg local authority) for assistance? **Y/N**
2. If refused, do you have consent from your landlord for the works required? **Y/N**
3. Is planning permission required? **Y/N**
4. Is the property a Listed Building? **Y/N**
5. Do you have a copy of the Listed Building Consent? **Y/N**

Please include **two** detailed quotes from contractors on their letter headed paper **and** a medical letter supporting this application

**If you own your own home, the following information is required – you are expected to follow the processes below** - If you circle 'Y' to any of the below, we will require copies of the paperwork relating to this to continue processing your application. If you have circled 'N' to question 1, please explain why:

1. Have you applied to statutory agency (eg local authority) for assistance? **Y/N**
2. Is planning permission required? **Y/N**
3. Do you have a copy of the planning consent? **Y/N**
4. Is the property a Listed Building? **Y/N**
5. Do you have a copy of the Listed Building Consent? **Y/N**

Please include **two** detailed quotes from contractors on their letter headed paper **and** a medical letter supporting this application

#### 5. Education-Related Requests

You are expected to follow the processes below for advance education-related requests. If you circle 'Y' to any of the below, we will require copies of the paperwork relating to this to continue processing your application. If you have circled 'N' to any question, please explain why:

1. Have you applied to statutory agencies for support i.e. Student Finance? **Y/N**
2. Have you provided the course information inc. fees? **Y/N**
3. Have you provided a copy of the course confirmation? **Y/N**
4. Have you provided evidence of successful completion of the previous stage/year? **Y/N**
5. Have you provided quotes/receipt(s) for fees, books or equipment? **Y/N**
6. Have your provided details of travel costs? **Y/N**

**For children 18 years old and under:**

1. Have you provided a letter from the school confirming the school trip or equipment required? **Y/N**

Please provide **two** quotes for a computer/laptop and equipment (if applicable)

## 6. Stress/Health-Related Requests

**If you are applying for a grant for mobility-related equipment you are expected to follow the processes below** - If you circle 'Y' to any of the below, we will require copies of the paperwork relating to this to continue processing your application. If you have circled 'N' please explain why:

1. Have you applied to the local authority for assistance through the Occupational Therapist Team? **Y/N**

Please provide **two** quotes for the equipment

**If you are applying for counselling** - we will require the following information with the request:

1. Confirmation that your therapist is on a register approved by the Professional Standards Authority for Health and Social Care
2. Confirmation that the therapist is insured i.e. a copy of their certificate
3. A quote showing the cost per session and the number of sessions required

**If you are applying for respite following hepatitis C treatment or a recent incident of ill health as a direct result of the treatment for HIV** – we require the following information:

1. A medical letter supporting the request which should confirm either the start and end dates of the hepatitis C treatment or details of a recent incident of ill health as a direct result of the treatment for HIV. The letter should also include a recommendation for a break.
2. **Two** quotes from travel agents on their letter headed paper or email quotes

## 7. Mobility Deposit

Is your vehicle/equipment available on the nil deposit schemes? **Y/N**

If not, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a medical reason for this request? **Y/N**

If yes, what is this? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied to the Motability Grant Scheme to check your eligibility? **Y/N**

(You are expected to check your eligibility in the first instance and provide a copy of the refusal letter)

Have you provided a medical letter in support of why a nil deposit car is required? **Y/N**

(if a car is required with specialised modifications, we will require a supporting letter)

Please also include **two** detailed quotes including the cost and specification of the vehicle.

## 8. Consent/Declaration

- I declare that to the best of my knowledge, the information given on this application form is true.
- I consent to the information provided in this application form being used for considering my grant application.
- In signing this form I hereby give my consent to information about any Skipton Fund payments I receive being verified with the Skipton Fund.
- I understand that all the information will be held in accordance with the Macfarlane Trust's confidentiality policy, and that it will form part of my records.

Signed:.....

Date:.....

## Returning the Application Form

Once the form is completed, please return it using the FREEPOST envelope provided, or your own envelope using the following FREEPOST address:

**The Macfarlane Trust,  
FREEPOST LON729,  
Alliance House,  
12 Caxton Street,  
London,  
SW1H 0QS**