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The Bradford District Charity for Visually

Impaired People

Equipment Grants - Application Form

For grants from £50 to £1,000

Please read the guidance notes in full before completing this form.

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| **Personal details** |
| Full name: |  |
| Address: |  |
| Email: |  |
| Daytime telephone number: |  |
| Mobile or other telephone number: |  |
| How would you like us to contact you? |  |
| **Please answer yes or no to the following questions:** |
| Do you have a level of sight loss which impacts your daily life?  |  |
| Have you been seen or are you waiting to be seen by the Eye Clinic? |  |
| Have you ever discussed your sight loss with your GP? |  |
| Have you ever contacted the Sensory Needs Service based at Morley Street Resource Centre about your sight loss? |  |
| Are you a member of any community group(s) which support you with your visual impairment?If so, please name them |  |

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| **Grant application** |
| How much funding would you like to apply for? | £ |
| If you are applying for part funding please give details where will the balance come from? |  |
| If the balance if from another grant do you give us permission to contact the grant funders to discuss your application? |  |
| What would you spend this funding on? Please give details and cost breakdown: | Item | Cost (£) |
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| Is this equipment or modification needed for your work, your personal day to day life or both? |  |
| Please tell us about the equipment or modification you wish to purchaseHow this will be of benefit to you and why did you choose this item: |  |
| Have you recently tried out this piece of equipment or modification?If yes, please state where and when: |  |
| Do you think you will require support to set up this equipment or modification? |  |
| Have you tried out any other equipment or modifications? If so, please describe these and why they were not suitable: |  |
| Would you be willing to have an independent equipment assessment as part of this application if needed? |  |
| Have you received funding for equipment related to your visual impairment before?If yes, please give details of where this funding came from and how and when it was used: |  |
| How did you find out about this grant scheme? |  |

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| **Equality, Diversity and Inclusion Data** |
| Please note, this data is required to ensure we are giving an equal opportunity to people across the district. This information will not be used during evaluation of your application and will not be shared with the assessment panel.You may choose to leave any questions blank which you are not comfortable answering. |
| Your age: |  |
| What is your ethnicity? |  |
| What gender do you identify as? (Please tick or mark) |
| Female Male Other Not Known Prefer not to say |
| Is your gender the same as when you were born? (Please tick or mark) |
| Yes No Not known Prefer not to say |
| Do you have any disabilities?If yes, please list if you are comfortable doing so |  |
| What is your sexual orientation? (Please tick or mark) |
| Heterosexual or straightGay or lesbianBisexualOtherNot knownPrefer not to say |
| What is your religion or belief? |  |
| Are you currently pregnant or have you been pregnant in the last 12 months? |  |
| Are you a carer? |  |
| Are you or were you in care as a child? |  |

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| **Declarations** |
| Please answer yes or no to the following questions or tick to confirm agreement: |
| I confirm that the information given here is correct, current and true: |  |
| I confirm I have read the grant guidance notes and agree to the stated criteria: |  |
| I agree to abide by the terms and conditions of any grant made as set out in this application form and in any Memorandum of Agreement: |  |
| I understand that if I make any seriously misleading statements (whether deliberate or accidental) at any stage during the application process, or if I knowingly withhold any information, this could make this application invalid, and I will be liable to repay any funds: |  |
| If successful, I agree to be contacted after award to provide information on the impact this funding has had on me and my life: |  |

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| **Signature** |
| Print name: |  |
| Signed: |  |
| Date: |  |

Please make sure you have completed all sections of the application form. Please use separate sheets if you are unable to fit all information in the space provided on this form.

Please return your completed application form to Jane Barrett at Equality Together at janeb@equalitytogether.org.uk or post to:

Jane Barrett

Equality Together

Silk Hall

Manningham Mills

Lilycroft Road

Bradford

BD9 5BD.