

**VOICE BANKING SUPPORT GRANT APPLICATION FORM**

This grant is to assist with payment towards carrying out voice banking processes and to enable people with MND to obtain synthetic versions of their own voice. It should only be used where payment is needed to complete the process, not for equipment purchase.

Please submit the completed form to communicationaids@mndassociation.org **We will not process incomplete forms.**

We will contact the applicant to inform them of the outcome of this application.

1. **DETAILS OF PERSON WITH MND**

|  |  |
| --- | --- |
| **Title** Mr/Mrs/Ms/Miss/Mx/Other/No title**First Name****Surname** | **Gender** Male ☐ Female ☐ Non-Binary ☐ Trans ☐Other  **☐** |
| Date of birth | Date of diagnosis |
| Religion (see Appendix A) | Sexual Orientation (see Appendix A) |
| NHS Number (if known) | Ethnicity (see Appendix A)  |
| AddressPostcode | Preferred contact name and method for queries relating to this application: -Name☐ Telephone☐ Email |
| E-mail address |
| Telephone |
| GPs name and address  |

1. **DETAILS OF PERSON MAKING APPLICATION**

|  |  |
| --- | --- |
| Name of person making application: | Status (Association Visitor/Family member/ person with MND): |
| AddressPostcode | Preferred contact method for queries relating to this application: -☐ Telephone☐ EmailNormal working hours when you can be contacted: |
| E-mail |  |
| Telephone |  |

1. **DETAILS OF APPLICATION**

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| Amount of financial support requested: £ |
| Please give details of which voice banking service has been used/is intended to be used: |

1. **PAYMENT DETAILS**

If a contribution from the MND Association is agreed, we will contact relevant person to arrange payment or liaise with the appropriate voice banking service to arrange payment with them directly.

1. **AGREEMENT**

|  |
| --- |
| *In making this application I consent that:** *I am aware that this application has been made for/on my behalf of the person affected by MND.*
* *Details on this application will be held on record by the MND Association.*
 |
| **Signed:** | **Date:** |

**DATA PROTECTION STATEMENT**

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| --- |
| The Association will follow procedures for recording, storing, and updating personal information all of which will comply with the Data Protection Act 1998 and any subsequent legislation including the General Data Protection Regulation.  We may occasionally share your information within the Association and with local health and social care professionals where it helps with your care and support or with development of better services.  If you have already expressed a preference for future contact we will follow these, if not, we may ask you for your views on how our services might be improved. If you do not want us to be in contact, please let us know on communicationaids@mndassociation.org Please see our privacy policy on our website [www.mndassociation.org](http://www.mndassociation.org)  for full details of how we use your information.  In making this application I consent to:* This application being made for/on my behalf
* Details of this application being held on record by the MND Association

I also confirm the following:* **All questions have been answered**
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Please return completed form to:

Communication Aids

Motor Neurone Disease Association

Francis Crick House

6 Summerhouse Road

Moulton Park

Northampton

NN3 6BJ

Tel no: 0808 802 6262 Email: communicationaids@mndassociation.org

**Appendix A**

**Ethnicity Codes**

|  |  |  |
| --- | --- | --- |
| A – White | English / Welsh / Scottish / N Irish / BritishIrishTravellerAny other white background | A01A02A03A04 |
| B - Mixed / multiple ethnic groups | White and Black CaribbeanWhite and Black AfricanWhite and AsianAny other mixed / multiple background | B01B02B03B04 |
| C - Asian / Asian British | IndianPakistaniBangladeshiChineseAny other Asian background | C01C02C03C04C05 |
| D - Black / African / Caribbean / Black British | AfricanCaribbeanAny other Black / African / Caribbean background | D01D02D03 |
| E - Other ethnic group | ArabAny other ethnic group | E01E02 |
| F | Prefer not to say | F01 |
| Unknown |  | U01 |
| Any other |  | O01 |

|  |  |
| --- | --- |
| **Sexual Orientation** | **Religion** |
| Heterosexual | Christian |
| Lesbian | Muslim |
| Gay | Hindu |
| Bisexual | Buddhist |
| Other | Jewish |
|  | Atheist |
|  | Jain |
|  | Sikh |
|  | Other |