**Office use:**

Date received:

Decision & date:

Date actioned:



**CARER’S AND YOUNG CARER’S GRANT APPLICATION FORM**

**Guidance notes (please read before completing)**

Motor Neurone Disease Association grants are designed to make a difference to those living with or affected by Motor Neurone Disease (MND).

Our Carers and Young Carer’s grant is offered to enable the main carer \*\* to take a break from their caring duties. This could be in the form of a short break, a pamper day or for time out to partake in a hobby. This can also be applied for up to 12 months post bereavement.

\*\* Where two or more people share the role of main carer, any grant funding will be shared.

Please note that although the maximum for a Carer’s and Young Carer’s grant is £500, we consider budget, value for money and the impact of the grant, and may award any amount *up to* the maximum. Please contact our Support Services team on 0808 802 6262 if you require any advice before submitting an application.

**Exclusions**

The Association will not provide a grant in the following instances:

* Equipment and adaptations that are a statutory responsibility
* Retrospective funding
* Emergency healthcare needs
* Funeral costs
* Repayment of Debt
* Legal Fees

The Association may provide a grant in exceptional circumstances and the process is detailed in our [Support Grant Guidance](https://www.mndassociation.org/app/uploads/2022/09/Support-Grant-Guidance-September-2022.pdf) in Section 7.

Please complete the application form as fully as possible – **all questions are mandatory (see Appendix A for exception).** Ensure that quotations (or supporting evidence of expected costs) are included, and all required information is provided as incomplete application forms will result in the application being delayed whilst further clarification/information is requested.

The completed application form and supporting documentation should be returned to your local Branch or Group or if this is not possible please return the form to the Support Services team by email at support.services@mndassociation.org or by post at the address below.

Motor Neurone Disease Association
Francis Crick House

6 Summerhouse Road,

Moulton Park, Northampton

NN3 6BJ

Details of local Branches and Groups can be found at [www.mndassociation.org/support-and-information/local-support/branches](http://www.mndassociation.org/support-and-information/local-support/branches).

**Disclaimer**

Please note that the Association is not a party to any agreement that you may enter into with the service provider, it has not vetted the service provider, nor does it endorse the service provider or accept any liability for any loss that may be incurred or any responsibility for any issues or problems that may arise as a result of your dealings with the service provider.

**1.DETAILS OF CARER OR YOUNG CARER**

|  |  |
| --- | --- |
| **Title:** Mr/Mrs/Ms/Miss/Mx/Other/No title First NameSurname | Relationship to person with MND………………………………………………………. |
| Date of birth | **Gender** Male [ ]  Female [ ]  Non-Binary [ ]  Trans [ ] Other [ ]  |
| Address (if different to above)Postcode |
| Telephone | Have you had a Carers Assessment of your needs?[ ] **Yes** [ ] **No**If you have not had a Carers Assessment, the MND Association would encourage you to request one by contacting your local social services dept. |
| E-mail |

**2.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)  |
| Address Postcode | Preferred contact name and method for queries relating to this application: -Name……………………………………………….[ ] …Telephone[ ] …Email |
| E-mail address: |
| Telephone: |
| **Work History/Professions**Providing us with the person with MND’s work history enables us to potentially approach other charities that support families of people who currently, or have previously worked, in specific jobs/professions/armed forces, and may be able to help with the cost of the item/service you require. Please list as many as applicable: - |

**3. DETAILS OF PERSON MAKING THE APPLICATION – if different to above**

|  |  |
| --- | --- |
| Name of person making the application:  | Connection to applicant *Support Volunteer/Family Member/Person with MND/Other* |
| AddressPostcodeE-mail………………………………………………………..Telephone …………………………………………………. |

**4. GRANT DETAILS**

|  |
| --- |
| 1. Purpose of grant …………………………………………………………………………………………….
2. Has any funding has been provided to the Carer or Young Carer from their local branch or group in the past 12 months

 [ ] **Yes** [ ] **No** (If yes, please detail £’s and grant purpose)1. Amount of financial support requested (quotations or evidence of expected costs are required for all applications)

 £………………………1. Supporting statement – please explain how this grant will be of benefit and please be as detailed as possible as the information provided will be used to assess your application.
 |

**5. PAYMENT DETAILS**

If a contribution from the MND Association is agreed, we will contact the relevant person/supplier to arrange direct payment where appropriate.

**6. DATA PROTECTION STATEMENT**

|  |
| --- |
| 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 support.services@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 by me or for me/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**
* **A quotation or evidence of expected costs is enclosed**
* **The Association is not a party to any agreement that I may enter into with the service provider, it has not vetted the service provider, nor does it endorse the service provider or accept any liability for any loss that may be incurred or any responsibility for any issues or problems that may arise as a result of my dealings with the service provider.**
 |
| **Signature of Carer or Young Carer:***(Professional can sign on person’s behalf)* | **Date:**  |

**Appendix A**

This information is not mandatory and is used anonymously to help us determine to what extent different communities are and are not using our services or engaging with us and most importantly to then identify and remove barriers to participation. We are committed to becoming a fully inclusive organisation.

**\*Ethnicity Codes**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| A - White | English / Welsh / Scottish / N Irish / British | A01 |
|  | Irish | A02 |
|  | Traveller | A03 |
|  | Any other white background | A04 |
| B - Mixed / multiple ethnic groups | White and Black Caribbean | B01 |
|  | White and Black African | B02 |
|  | White and Asian | B03 |
|  | Any other mixed / multiple background | B04 |
| C - Asian / Asian British | Indian | C01 |
|  | Pakistani | C02 |
|  | Bangladeshi | C03 |
|  | Chinese | C04 |
|  | Any other Asian background | C05 |
| D - Black / African / Caribbean / Black British | African  | D01 |
|  | Caribbean  | D02 |
|  | Any other Black / African / Caribbean background | D03 |
| E - Other ethnic group | Arab | E01 |
|  | Any other ethnic group | E02 |
| F  | Prefer not to say | F01 |
| Unknown |  | U01 |
| Any other |  | O01 |

|  |  |
| --- | --- |
| **Sexual Orientation** | **Religion** |
| Heterosexual | Christian |
| Lesbian | Muslim |
| Gay | Hindu |
| Bisexual | Buddhist |
| Other | Jewish |
| Prefer not to say | Atheist |
|  | Jain |
|  | Sikh |
|  | Other |
|  | Prefer not say  |