**QUALITY OF LIFE (QOL) GRANT APPLICATION FORM**

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

Our Quality of Life grant can contribute towards services or facilities that helps a person with MND to maintain independence, dignity, comfort, and social connections. It can also be used towards the cost of things which promote the well-being of the person with MND and immediate family.

The maximum for a Quality of Life Grant is £500, and we may award any amount up to the maximum.

Please contact our MND Connect team on 0808 802 6262 if you wish to discuss before submitting an application.

**Exclusions**

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

* Equipment and adaptations that are a statutory responsibility
* Medicines/ drugs that are a statutory responsibility
* Medicines/drugs that are unproven treatments
* Retrospective funding
* Emergency healthcare needs
* Funeral costs
* Repayment of debt
* Legal costs
* Insurance policies

For more details on exclusions on all our grants, please see section 5 of our [Support Grant Guidance.](https://www.mndassociation.org/app/uploads/2022/09/Support-Grant-Guidance-September-2022.pdf) The Association may also provide a grant in exceptional circumstances, this is detailed in in Section 7.

Please complete the application form in full – **all questions are mandatory.** Quotations (or supporting evidence of expected costs) must be included. Incomplete application forms will result in the application being delayed.

Please return the completed application form and supporting documentation to your local branch or group or email 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 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: |
| NHS Number (if known): | MND Association membership number (if known): |
| Address: Postcode: | Preferred contact name and method.Name………………………………………………[ ] …Telephone[ ] …Email |
| E-mail address: |
| Telephone: |
| **\*Optional** – Work History/Profession(s)There are other charities and organisations, linked to current and former occupations, who may be able to help you with additional financial support. For example, [SAFFA,](https://www.ssafa.org.uk/) [The Charity for Civil Servants](https://www.cfcs.org.uk/help-advice/caring-for-others/caring-and-finances/), [Royal British Legion.](https://www.britishlegion.org.uk/)To enable us to signpost you to other charities/organisations, please list below your current or previous work occupation(s)/profession(s): -Alternatively, you might find our [Other sources of funding](https://www.mndassociation.org/sites/default/files/2023-06/Other%20sources%20of%20funding%20pdf%20updtaed%20June%202023.pdf) document useful which has links to other charities and organisations (*please note the list isn't exhaustive and we do not endorse any of the organisations listed).* |

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

|  |  |
| --- | --- |
| Full Name of person making the application:  | Connection to applicant (Association Visitor/Family Member/Person with MND/Other): |
| Address: Postcode:E-mail………………………………………………………..Telephone …………………………………………………. |

**3. GRANT DETAILS**

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| --- |
| Has any funding been provided by the local branch or group in the past 12 months?[ ] Yes [ ] No (If yes, please detail £’s and grant purpose):**New Grant Request****Amount requested £**……….......**Supporting statement**Please explain what this grant will be used for and how it will be of benefit. Please provide as much information as possible (quotations or evidence of expected costs are required for all applications): |

**4. PAYMENT DETAILS**

**If your application is successful, we may pay you direct. Please ensure that these details are correct. Your bank details are securely stored.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bank Name:****Account Holders Name:****Sort Code: 6 digits**

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| --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |   |

**Bank Account Number: 8 digits**

|  |  |  |  |  |  |  |  |
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**5. 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 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 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** [ ] **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 person with MND or the person applying:**  | **Date:**  |