

**CHILDREN & YOUNG PERSONS GRANT APPLICATION FORM**

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

Our Children & Young Persons grant is offered to enable a young person residing with a person with MND (or is the child of a person with MND) to enjoy an activity or hobby that they may not otherwise be able to do. This can also be applied for up to 12 months post bereavement.

The maximum for a Children & Young Persons grant is up to £250 per child/young person. 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 applying.

**Exclusions.**

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

* Retrospective funding

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 note that you can use one application for up to six children or young people.

Please return the completed application form and supporting documentation to your local branch or group or by email to 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).

**1.DETAILS OF CHILD(REN) OR YOUNG PERSON(S)**

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| --- |
| Does the child(ren) or Young Person(s) reside with a person living with MND or parent/guardian has MND?[ ] Yes [ ] No**If you have answered no to the above question, please contact us before proceeding.** |
| Has any funding been provided to the child (ren) or Young Person (s) from their local branch or group in the past 12 months?[ ] Yes [ ] NoIf yes, please detail £’s and grant purpose:**New Grant** **Request** |
| Child/Young Persons Full Name | Date of Birth | Gender | Relationship to person with MND | Amount requested £ | Purpose of grant | Address if different to PwMND |
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| **Supporting statement** Please explain what the grant(s) 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):  |

**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: |
| 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).* |

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

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

**4. PAYMENT DETAILS:**

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

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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 on behalf of the child/young person
* Details of this application being held on record by the MND Association

I also confirm the following: -[ ] **All mandatory 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 Parent/Guardian or the person applying:**  | **Date:**  |