

**VOICE BANKING EQUIPMENT APPLICATION FORM**

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

This application form is only for the use of requesting equipment to complete voice banking. This form can be used to apply for a grant towards the cost of a headset microphone. Please note that we do not provide grants towards the purchase of laptops for voice banking purposes. In an exceptional circumstance, we may be able to loan a laptop for the purpose of voice banking. If required, this needs to be indicated on the form in section 3 along with reasons of why a laptop can not be sourced elsewhere. Please note, laptops will only be loaned in very exceptional circumstances.

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 email completed form to [support.services@mndassociation.org](mailto: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

**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: |

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

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

**3. DETAILS OF EQUIPMENT REQUIRED**

|  |
| --- |
| **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): |

**5. 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.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bank Name:**        **Account Holders Name:**          **Sort Code: 6 digits**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |       **Bank Account Number: 8 digits**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | |

**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](mailto: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** | |
| Signature of person with MND or the person applying: | Date: |