# FLORENCE NIGHTINGALE AID IN SICKNESS TRUST

Community House, Room F35, South Street, Bromley BRl lRH

One-off Grant Application Guidelines and Grant Criteria

The Florence Nightingale Aid in Sickness Trust provides grants towards medical aids and equipment for named individuals of all ages who are sick, disabled or suffering from a long term illness.

We require the following information when applying for funding before we can consider your application:-

* Completed application form. This is available by contacting Ann Griffiths by phone on 020 7998 8817 email [ann.griffiths@fnaist.org.uk](mailto:ann.griffiths@fnaist.org.uk) or website. [www.fn ais t.o rg. uk](http://www.fnaist.org.uk/)
* Letter of support from a District Nurse, Occupational Therapist, Physiotherapist, Consultant, Social Worker, Citizens Advice Bureau, or other Welfare Support Agency, Community Psychiatric Nurse, Qualified Care Worker or another charity
* Anassessment by an Occupational Therapist or Physiotherapist recommending the exact make and model for mobility equipment such as beds, wheelchairs and specialist chairs
* Quotation with the cost of the item
* Proof of all benefits by supplying copies of the clients latest letters from the DWP
* Confirmation that funding is not available from other sources
* Applicants must be British Citizens or have permanent leave to remain in the United Kingdom

Listed below are some of the grants we will consider:-

Medical aids - specialist beds, manual and electric wheelchairs, power packs, hoists and riser/recliner chairs

Sensory equipment for play and education, communications aids, computers and specialist software

Fridges for the storage of medication

Washing machines if the client has extra washing because of a medical condition

Microwave for a client who is unable to cook on a standard cooker

Specialist equipment for the blind such as talking microwaves and specialist mobile phones

## IN CONFIDENCE WHEN COMPLETED

APPLICATION FOR ASSISTANCE

## Florence Nightingale Aid in Sickness Trust

Community House,

Room F35, South Street, Bromley BRl lRH Email address [ann.griffiths@fnaist.org.uk](mailto:ann.griffiths@fnaist.org.uk) Registered Charity No. 1157980

|  |  |
| --- | --- |
| Name in full: Mr/Mrs/Miss/Ms Surname  Forename/s | Client Reference No.  Date |
| Address:- Town | County Postcode  Tel. No (incl. Code) |
| Date of Birth | National Insurance No. |
| Is the applicant a UK Citizen?  If so for how long? | |
| What is/was the applicant's employment history?  (if under 18 years of age then please give parent's or guardian's employment history) Employer Job Description Dates(s)  Please give names and ages of all members of the household and details of their employment where applicable:-  Forename and Surname Date of birth Relationship to applicant Employment  Name and address of Caseworker and Organisation approaching us for funding. Signature of Caseworker Date | |

Report and Recommendations:-

In addition to the Caseworker's letter please give information on the applicant's medical history with details of what is required and the cost of the medical equipment, medical aid or respite/convalescent break needed.

You will appreciate that as a charity FNAIST can only consider awarding a grant once it has been confirmed by the Local Authority and Health that they cannot provide the item or funding. Please give full details why funding is not available elsewhere.

Declaration by the applicant

I declare that to my knowledge all questions on this form have been fully and truthfully answered

I authorise Social Services, Social Worker, Occupational Therapist, Doctor or another Charity to approach other charities on my behalf.

I will reimburse the Trust if funding is received from other sources (including insurance cover) that exceeds the balance requested.

Signature of applicant or parent/guardian Date

Cheques will be made to the supplier against an invoice or where part funding is provided to the referring organisation but not to the applicant.

Please include the cheque payee name.

**HOUSEHOLD WEEKLY INCOME AND EXPENDITURE**

**Please enclose proof of all benefits received by supplying the latest letters from the DWP and check that your client is receiving all the benefits thev are entitled to before applying to the Trust for a grant.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Income** | **Weekly£** | **Expenditure** | **Weekly£** |
| Wages/Salary Applicant |  | Mortgage |  |
| Wages/Salary Spouse/Partner |  | Rent |  |
| Income Support Applicant |  | Council Tax |  |
| Income Support Spouse/Partner |  | Gas |  |
| Disability Living Allowance Care and/or Mobility or  Personal Independence Premium |  | Electricity |  |
| Attendance Allowance |  | Water rates |  |
| Employment and Support Allowance |  | Telephone |  |
| Carers Allowance |  | T. V./satellite/cable |  |
| Universal Credit |  | Building Insurance |  |
| Retirement Pension |  | Life Insurance |  |
| Pension Credit |  | Pension contributions |  |
| 1. Guarantee Credit 2. Savings Credit |  | Housekeeping (Food etc.,) |  |
| War pension |  | Car expenses |  |
| Private Pension |  | Travel costs |  |
| Widow's pension |  | Prescriptions |  |
| Child Benefit |  | Liabilities/debts |  |
| Other child related benefits such  as Tax Credit |  | Childcare costs |  |
| Any other benefits or income not listed above |  | Please list expenditure not listed above:- |  |
| Capital/Savings |  |  |  |
| Housing Benefit |  |  |  |
| **Total** |  |  |  |

**THE FLORENCE NIGHTINGALE AID IN SICKNESS TRUST**

**Confidential.**

We would like you to complete this form in order to help us understand who we are reaching and to ensure that we serve everyone in our community.

The information below is anonymous and will not be stored with any identifying information about you. All details are held in accord ance with the Data Protection Act 1998

**Gender:-**

Male o Female o Rather not say o

Age

Rather not say o

**Ethnicity**

Please state what you consider your ethnic origin to be. Ethnicity is distinct from nationality and the categories below are based on the 2001 Census in alphabetical order.

**Asian:- Black:- Chinese or other ethnic group:-**

Indian D

Pakistani o Bangladeshi o

Other Asian background o

African D

Caribbean D

Other black background o

Chinese D

Other ethnic group o

**Mixed:- White:**

White and Black Caribbean o White and Black African o White and Asian o

Other mixed background o Rather not say o

English D

Irish D

Scottish D

Welsh D

Other White background o

Thank you for completing this form. Please send the form with your application form to

Mrs. Ann Griffiths, Grants and Funding Manager, Florence Nightingale Aid in Sickness Trust, Room F35, South Street, Bromley BRl lRH

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**Florence Nightingale Aid in Sickness Trust**

**Community House, Room F35, South Street, Bromle y BRl lRH**

**Telephone: 020 7998 8817 E-mail: ann.griffiths @fnaist.org.uk Website:** [**www.fnaist.org.uk**](http://www.fnaist.org.uk/)

**General Data Protection Regulations (GDPR) 2018**

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The Florence Nightingale Aid in Sickness Trust values and respects your privacy.

The data we hold is managed in accordance with the requirements of the General Data Protection Regulat ions. We need to ask for personal information as this is necessary to process your application. This personal info rmat ion will be stored in a secure computer database and paper files which only authorised employees have access to. We ensure that there are appropr iat e technical and organisational controls (including physical, electronic and managerial measures) in place to protect your personal details.

I am happy to receive updates on my grant applicat ion by email I am happ y to be contacted by telephone

I am happy to receive correspondence on my application through the post I am happy for my Caseworker to contact you by post, email and tel'.1phone to discuss my application

yes/no yes/no yes/no

yes/no

I hereby certify that the information given is correct to the best of my know ledge and belief. I agree that the Florence Nightingale Aid in Sickness Trust may approach any ot her charities or organisation s in order to consult in confidence on matters relevant to my applicat ion. I author ise the Flo rence Nightingale Aid in Sickness Trust to hold and process personal data about me on their data base and paper files.

I understand that I can w ithdra w my consent to store my personal data by contacting the Florence Night ingale Aid in Sickness Trust.

Name of applicant - Pare nt/Guardian giving consent----------------------------------------------------------------­

Signature of the applicant - Parent/ Guardian giving consent-------------- ----------------------------------------- Address-----------------------------------------------------------------------------------------------------------.,--------------

Date---------------------------------

Referring Caseworker' s f u11 n ame------------------------------------------------------------------------------------------

signature----------------------------- -------------------------------------------------------Date------------------------------

Referring Organisation and address---------------------------------------------------------------------------------------

We have procedures in place to deal with any suspected data security breach. We will notify you and any applicable regulator of a susp ected data security breach where we are legally required to do so.

Florence Nightin gale Aid in Sickness Trust is a registered charity in England & Wales . Regis tered Charity umber: 1157980 Limited Compan y Registration :\ umb er: 09064489

Registered Office Add ress: Communit y Hou se, Room F35, South Street, Broml ey, Kent BRl l RH. Registered in Scotland Charity umber: SCO38249