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**EQUIPMENT GRANT APPLICATION FORM**

Name: Date of birth

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Tel number or Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 How does your illness and/or long-term disability affect daily life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Please describe the type of equipment you are requesting financial support for: If possible, please send an illustration of the equipment you want to purchase.

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3. Tell us what difference you hope it will make to your life: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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4. Have you applied to Access to Work or Social Services for support in purchasing the equipment you need? □ Yes □ No

If yes, what was the outcome of your application?

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If no, what was the reason for the refusal?

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5. What is the total cost of the equipment you are looking to purchase? £\_\_\_\_\_

As our funds are limited, the maximum amount for equipment grants has been set at **£500.** How much are you asking KCIL to contribute? £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should your application be approved, can you please indicate the name of the equipment supplier (and their address or bank details) to whom the payment should be made. Please Print:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return this form to:**

**KCIL**

**River Reach**

**31-35 High Street**

**Kingston**

**Surrey KT1 1LF**

□ **I consent for my data to be processed for the purpose of administering my application (please tick)**. KCIL will hold and process all information concerning you as an individual strictly in accordance with its confidentiality policy and the General Data Protection Regs 2016. The data we collect from you in this form will help us to monitor that you meet the eligibility criteria for these grants. We will not, without your consent, supply your name and address to any third party except where such a transfer is a necessary part of the activities that we undertake, or we are required to do so by the law. Should you wish to withdraw that consent at any time, or to obtain a description of the data we hold on you, please contact Robert Reilly at the address above.

Please ask a Support Worker or other professional person, **not a relative or your Personal Assistant,** to complete the Statement of Support.

**KINGSTON CENTRE FOR INDEPENDENT LIVING**

Equipment Grants are available to people who have a long term and substantial

illness and/or disability who live in the Royal Borough of Kingston upon Thames.

The definition of “disability” includes people with mobility and sensory impairments, learning disabilities, communication difficulties, those who experience mental health difficulties and other non-evident, impairments.

**STATEMENT OF SUPPORT**

(To be returned to the applicant)

Thank you for agreeing to fill in and sign this Statement of Support for the person who is applying for financial support with purchasing a piece of equipment. Your statement will assist us in making the best use of limited resources.

I know (name of applicant)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and fully support his/her application for the following reasons:

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Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel Number **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_Date\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You may wish to detach this statement to preserve confidentiality.**

**Please ensure it is returned to KCIL with your completed form.**