

BlindAid

Grant Application Form

This form should be completed by an employee of a statutory organisation or registered charity. Please read our grant application guidance **before** completing this form. All applications are evaluated using the information provided here, so please be as clear and accurate as possible. Please complete this form online, or print, complete and return to the address below.

Details of Grant Recipient:	
First name	
Surname	
Address	
Borough	Postcode
Date of birth (dd/mm/yy)	
Tel No:	Mobile
Does the individual consent to this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the individual consent to BlindAid holding and processing this data for the purpose of providing service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the individual consent BlindAid contacting them via the following:	<input type="checkbox"/> Phone <input type="checkbox"/> Post
What item/purpose is the grant required for?	
How will the recipient benefit from this grant? (please specify)	

Does the grant recipient live alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered blind or partially sighted?	<input type="checkbox"/> Registered blind <input type="checkbox"/> Registered partially sighted <input type="checkbox"/> Not registered
Date registered blind or partially sighted (dd/mm/yy)	
Details of other disabilities or long term conditions:	
Grant recipient's housing situation:	<input type="checkbox"/> Home owner <input type="checkbox"/> Rented (Private) <input type="checkbox"/> Rented local authority <input type="checkbox"/> Rented housing association <input type="checkbox"/> Sheltered <input type="checkbox"/> Residential care <input type="checkbox"/> Hostel <input type="checkbox"/> Temporary B&B <input type="checkbox"/> Other
Please give the names of other charities that have been asked to contribute	
Is the grant recipient or the grant recipient's family able to contribute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total amount to be contributed from other sources	£

Contact details of person responsible for coordinating the collection of these funds:

Which benefits is the grant recipient currently receiving?

- Income support
- Universal Credit
- PIP
- Education benefits
- Social fund
- Employment & Support Allowance
- Jobseekers allowance
- Health benefits
- Housing benefit
- Pension credit
- Council Tax benefit
- Tax credits
- Not in receipt of means tested benefits

Number of children living at home

Total weekly income of other adults in the household

£

Grant recipient's total weekly income from all sources (excluding Housing benefit)

£

Details of person submitting this application:

First Name

Surname

Name of Organisation:

Address of Organisation:

Borough

Postcode

Telephone number

Email address

Declaration by person submitting the application:
To the best of my knowledge the information I have provided is complete and accurate and I personally support this application

Yes

Special circumstances or other information relating to this application:

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