**Office use:**

Date received:

Decision & date:

Date actioned:



**QUALITY OF LIFE (QOL) GRANT APPLICATION FORM**

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

Motor Neurone Disease Association grants are designed to make a difference to those living with or affected by Motor Neurone Disease (MND).

Our Quality of Life grant is for equipment/services that would help to improve the quality of life of a person with MND. This grant is *not suitable* for items that require an assessment by a health or social care professional (please see the Support (Care) grant application form for more details of this grant).

Funding is limited, and applications will be assessed based on the impact that the item or service would have on the person with MND. Please note that although the maximum for a Quality of Life grant is £500, we consider budget, value for money and the impact of the grant, and may award any amount *up to* the maximum. Please contact our Support Services team on 0808 802 6262 if you require any advice before submitting an application.

**Exclusions**

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

* Equipment and adaptations that are a statutory responsibility
* Medicines/ drugs that are a statutory responsibility
* Medicines/drugs that are unproven treatments
* Retrospective funding
* Emergency healthcare needs
* Funeral costs
* Repayment of Debt
* Legal Fees / Insurance policies

The Association may provide a grant in exceptional circumstances and the process is detailed in our [Support Grant Guidance](https://www.mndassociation.org/app/uploads/2022/09/Support-Grant-Guidance-September-2022.pdf) in Section 7.

Please complete the application form as fully as possible – **all questions are mandatory (see Appendix A for exception).** Ensure that quotations (or supporting evidence of expected costs) are included, and all required information is provided as incomplete application forms will result in the application being delayed whilst further clarification/information is requested.

The completed application form and supporting documentation should be returned to your local Branch or Group or if this is not possible please return the form to the Support Services team by email at [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

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).

**Disclaimer**

Please note that the Association is not a party to any agreement that you 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 your dealings with the service provider.

**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 |
| Religion (see Appendix A) | Sexual Orientation (see Appendix A) |
| NHS Number (if known) | Ethnicity (see Appendix A) |
| Address  Postcode | Preferred contact name and method for queries relating to this application: -  Name……………………………………………….  …Telephone  …Email |
| E-mail address: |
| Telephone: |
| **Work History/Professions**  Providing us with the person with MND’s work history enables us to potentially approach other charities that support families of people who currently, or have previously worked, in specific jobs/professions/armed forces, and may be able to help with the cost of the item/service you require.  Please list as many as applicable: - | |

**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. GRANT DETAILS**

|  |
| --- |
| 1. Purpose of grant ……………………………………………………………………………………………. 2. Has any funding has been provided to the person from their local branch or group in the past 12 months   **Yes No**  (If yes, please detail £’s and grant purpose)  ………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………..   1. Amount of financial support requested (Quotations or evidence of expected costs are required for all applications)   £………………………………………..   1. Is the person with MND able to part fund this item/service?   **Yes No**  If yes, what is the maximum amount they can contribute? £..................  If no, please give brief details of their circumstances:   1. Supporting statement – how will this improve quality of life for the person. Please be as detailed as possible as the information provided will be used to assess your application. |

**4. PAYMENT DETAILS**

If a contribution from the MND Association is agreed, we will contact the relevant person/supplier to arrange direct payment where appropriate.

**5. DATA PROTECTION STATEMENT**

|  |  |
| --- | --- |
| 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** * **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 person with MND:**  *(Professional can sign on person’s behalf)* | **Date:** |

**Appendix A**

This information is not mandatory and is used anonymously to help us determine to what extent different communities are and are not using our services or engaging with us and most importantly to then identify and remove barriers to participation. We are committed to becoming a fully inclusive organisation.

**\*Ethnicity Codes**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| A - White | English / Welsh / Scottish / N Irish / British | A01 |
| Irish | A02 |
| Traveller | A03 |
| Any other white background | A04 |
| B - Mixed / multiple ethnic groups | White and Black Caribbean | B01 |
| White and Black African | B02 |
| White and Asian | B03 |
| Any other mixed / multiple background | B04 |
| C - Asian / Asian British | Indian | C01 |
| Pakistani | C02 |
| Bangladeshi | C03 |
| Chinese | C04 |
| Any other Asian background | C05 |
| D - Black / African / Caribbean / Black British | African | D01 |
| Caribbean | D02 |
| Any other Black / African / Caribbean background | D03 |
| E - Other ethnic group | Arab | E01 |
| Any other ethnic group | E02 |
| F | Prefer not to say | F01 |
| Unknown |  | U01 |
| Any other |  | O01 |

|  |  |
| --- | --- |
| **Sexual Orientation** | **Religion** |
| Heterosexual | Christian |
| Lesbian | Muslim |
| Gay | Hindu |
| Bisexual | Buddhist |
| Other | Jewish |
| Prefer not to say | Atheist |
|  | Jain |
|  | Sikh |
|  | Other |
|  | Prefer not to say |