

**COMMUNICATION AIDS & VOICE BANKING SUPPORT GRANT APPLICATION FORM**

**(to be completed by a Health & Social Care Professional)**

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

**Communication Aids**

The Communication Aids & Voice Banking Support Grant is predominantly to request funding for AAC that is not available through the MND Association [equipment loan service](https://www.mndassociation.org/support-and-information/our-services/equipment-loan-for-mnd/) and by completing the form you are confirming that a full assessment has been carried out to establish the need and suitability of the item requested.

Funding is limited, and applications will be assessed based on need and impact. Please note that the MND Association cannot use its resources to replace statutory responsibilities, therefore for grants towards items or services where an assessment is required, evidence must be provided to confirm that statutory services provision has been investigated. Evidence must detail why provision is not available or the likely timescale where there is a delay.

**Exclusions:**

The MND Association will not provide funding in the following instances:

* To purchase equipment that is available through our equipment loan service
* To purchase specialist AAC equipment, such as EyeGaze, which should be provided by the local specialist AAC hub
* Retrospective funding
* Equipment for assessment for use by health and social care professionals

**Voice Banking**

The Communication Aids & Voice Banking Support Grant is to assist with payment towards carrying out the voice banking processes and to enable people with MND to obtain synthetic versions of their own voice. It should only be used where payment is needed to complete the process, not for equipment purchase.

The voice banking services will store the banked voice until it is required, and funding should only be applied for once the banked voice is needed to be downloaded and used for communication.

Please note that this form should only be used to apply for funding for voices banked using [CereVoice Me](https://www.cereproc.com/en/products/cerevoiceme), [The Voice Keeper](https://www.thevoicekeeper.com/) and [VocaliD](https://vocalid.ai/). For funding for other voice banking services, please follow the instructions below:

* SpeakUnique – log in to the person’s SpeakUnique account. Once the synthetic voice has been listened to, follow the instructions to the payment page and from here you can request funding from the MND Association.
* Acapela – Follow [these instructions](https://www.mndassociation.org/sites/default/files/2022-12/Acapela-funding.pdf) and [apply online](https://mov.acapela-group.com/)
* ModelTalker – Follow [these instructions](https://www.mndassociation.org/sites/default/files/2022-12/ModelTalker-funding.pdf) and [apply online](https://www.modeltalker.org/)

Please submit the completed form to communicationaids@mndassociation.org **We will not process incomplete forms.**We will contact the applicant to inform them of the outcome of this application.

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): | Preferred contact name and method for queries relating to this application: -Name☐ Telephone☐ Email |
| Address:Postcode: |
| E-mail address: |  |
| Telephone: |

1. **DETAILS OF REQUESTING PROFESSIONAL**

|  |  |
| --- | --- |
| Full name of requesting professional: | Job title: |
| Address:Postcode: | Preferred contact method for queries relating to this application: -☐ Telephone☐ Email |
| E-mail: |  |
| Telephone: |  |

1. **DETAILS OF APPLICATION**

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| Amount of financial support requested: £ |
| Please give details of which voice banking service has been used/is intended to be used: |

1. **Payment Details**

**If the application is successful, we may pay the person with MND direct. Please ensure that these details are correct. The bank details are securely stored.**

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

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| --- | --- | --- | --- | --- | --- |
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**Bank Account Number: 8 digits**

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1. **AGREEMENT**

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| *In making this application I consent that:** *I am aware that this application has been made for/on my behalf of the person affected by MND.*
* *Details on this application will be held on record by the MND Association.*
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| **Signed:** | **Date:** |

1. **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 communicationaids@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**
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Please return completed form to:

Communication Aids

Motor Neurone Disease Association

Francis Crick House

6 Summerhouse Road

Moulton Park

Northampton

NN3 6BJ

Tel no: 0808 802 6262 Email: communicationaids@mndassociation.org