

Support Grant Application Form

Please refer to the DEBRA Support Grant Policy for full details. Grant funding is not awarded retrospectively. Any request where a statutory agency has a responsibility to pay for the item will not be funded. [Please also ensure you read the Terms & Conditions at the end of this form.](#)

We respect your privacy and will not pass your details on to any third party without your permission. Full details of DEBRA's Privacy Policy can be found at www.debra.org.uk/privacy

Part I – Application information

Section 1: Applicant details

- The grant is for me
 I am completing for my child or family member
 DEBRA Staff (*I have the grant applicant's consent to complete this form on their behalf*)

Grant applicant (*who the grant is for*)

First name	Last name	Date of birth

EB type
<input type="checkbox"/> EB Simplex (EBS) <input type="checkbox"/> Junctional EB (JEB) <input type="checkbox"/> Dystrophic EB (DEB) <input type="checkbox"/> Kindler EB (KEB) <input type="checkbox"/> EB Acquisita (EBA) <input type="checkbox"/> Other (please specify):
EB subtype (If known): <input type="checkbox"/> EB Simplex (EBS) - localised <input type="checkbox"/> EB Simplex (EBS) - Severe <input type="checkbox"/> Dominant Dystrophic EB (DDEB) <input type="checkbox"/> Recessive Dystrophic EB (RDEB) <input type="checkbox"/> Other (please specify):

Email address	Phone number

Home address	County	Post code

Consent: I give consent for DEBRA to forward my home address, telephone number and/or email address to supplier/retailer for delivery purposes.

Grant applicant's representative e.g. Parent

Please complete the information below if you are completing the form for someone other than yourself. Please also make sure the grant applicant is aware you are completing this form on their behalf and is aware of the information contained in this application.

First name	Last name

Email address	Relationship (to applicant)	Phone number

'Signature' (please type)	Date

Section 2: Applicant's financial situation

Eligibility (why you require charitable funds)
<input type="checkbox"/> Low income, including benefits (i.e. under £30,000 annual household income)
<input type="checkbox"/> Financial hardship (please explain):
<input type="checkbox"/> Temporary change in circumstances causing difficulty (please explain):
<input type="checkbox"/> Grant is for items directly to help me living with EB

Financial contribution	<input type="checkbox"/> Yes I can put £ _____ towards the item <input type="checkbox"/> No I am unable to contribute		
Does your household receive any of the following benefits? <i>(please tick all that apply)</i>			
Disability Living Allowance	Care	<input type="checkbox"/> Yes, High <input type="checkbox"/> Yes, Middle <input type="checkbox"/> Yes, Low	
	Mobility	<input type="checkbox"/> Yes, High <input type="checkbox"/> Yes, Low	
Personal Independence Payments	Living	<input type="checkbox"/> Yes Enhanced rate <input type="checkbox"/> Yes, Standard rate	
	Mobility	<input type="checkbox"/> Yes Enhanced rate <input type="checkbox"/> Yes, Standard rate	
Housing Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Universal credit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working Tax Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carers Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Tax Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you applied to any other charity or organisation for this item or funding? <i>(please tick all that apply)</i>		
Charity/Organisation	Outcome	Will you apply for/investigate a backdated award?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Request details

Item(s)/service(s) needed <i>(please give full details including make and model, if appropriate)</i>	Cost
	£

Why do you need the item(s)/service(s)?
(please state why, if it needs to be a specific make/model, etc.)

What difference will it/they make?

Are there any special circumstances you would like us to be aware of?

Section 4: Application submission

Please return this completed form to membership by email or post:

Email: communitysupport@debra.org.uk

Post: DEBRA, The Capitol Building, Oldbury, Bracknell, Berkshire, RG12 8FZ

[I confirm I have read the Terms & Conditions on the following page.](#)

'Signature' (please type)	Date

DEBRA UK SUPPORT GRANTS – TERMS & CONDITIONS

For charitable expenditure we are obliged to inform you of the points below in order to help us fulfil our legal obligations in respect of the granting of all support grants.

1. The offer of your support grant has been made in good faith and on the understanding that it is used for the person/goods/services as requested and agreed and authorised.
2. DEBRA retains the right to recover any funds given which have not been used for the purpose it was intended and agreed.
3. The item/service, or the value of the item/service, must not be fraudulently claimed back, cashed in and no duplicate application made to another organisation or charity.
4. Funds are usually paid directly to the supplier for the product/services requested. If this is not possible then a receipt for the services/product must be submitted to DEBRA as proof of purchase by you. Once this is received funds will be reimbursed to you by bank transfer.
5. The purpose of the support grant is that it will make a positive difference to the impact EB has on your life.
6. Given the wide range of products and services a grant may cover, we cannot give any endorsement or make specialist assessments for equipment or products.
7. In the event that DEBRA allocates funding for a specific item or product based on your research, please be advised that DEBRA assumes no responsibility in the event that the said item proves unsuitable for your needs or results in any form of injury.
8. Any item/equipment funded is your property, unless otherwise stated.
9. All services funded are your (or your carer's) responsibility. (Your Community Support Manager is available for advice if required).
10. We do not offer on-going insurance or maintenance for items unless otherwise agreed.
11. In the event of safety concerns or ongoing issues, your Community Support Manager is available to provide assistance. It is imperative we direct inquiries to the supplier during the applicable guarantee period. Regrettably, outside the guarantee period, we are unable to raise any concerns to the supplier.
12. If you no longer need the equipment purchased it may be possible to donate it to DEBRA for the benefit of others. Please talk with your Community Support Manager however there may be safety or storage reasons why we cannot recycle it.)

13. DEBRA requires you to acknowledge receipt in writing of all goods/services/funds received.

(March 2024)

Part II – DEBRA Office Administration (for office/CST use only)

All grants need to be authorised by a Community Support Manager and some grants require further authorisation. Criteria, categories and amounts reviewed annually.

Priority: 1 – Essential 2 – Quality of life 3 – Enrichment/special

Section 1: Community Support Manager

I confirm I have the verbal consent to proceed with the grant application from the named client as outlined in the policy document.

I confirm I have sent the Terms & Conditions to the member.

Applicant's CRM No.	Member	CS Manager name	Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DEBRA has funded other grants in the current year (Jan – Dec) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please give details:	
Number of grants (YTD)	Total funds awarded (YTD)
	£

Application support	Amount supported (enter £ 0 if not supported)
<input type="checkbox"/> I DO support this application	£
<input type="checkbox"/> I DO NOT support this application	

Please explain why you do or do not support this grant – or if you recommend a partial contribution or alternative item. (Please give an indication of how beneficial having a grant from DEBRA would be to this member and any consequences should the grant be declined)

Signposting and/or charities you have suggested/explored with this member and future recommendations:

Payment details – reimbursement via (please tick all relevant boxes and provide details, where required)

<input type="checkbox"/> Community Support Manager will arrange to order and pay for the goods and have them delivered direct. Payment will be made by: <input type="checkbox"/> BACS <input type="checkbox"/> Credit Card <input type="checkbox"/> Invoice <input type="checkbox"/> Holiday Home <input type="checkbox"/> DEBRA shop <input type="checkbox"/> From DEBRA stock
<input type="checkbox"/> Member will purchase and pay for the goods themselves and forward the receipt to DEBRA for reimbursement.

Essential check list: Please make sure you fill in this part of the form when completing the grant.

<input type="checkbox"/> Member confirmed receipt of item/grant
<input type="checkbox"/> <u>DO NOT</u> send feedback form to member

Section 2: National Manager/Team Lead

Support grant: Approved Declined

Name	Amount
	£

Signature	Date

Comments <i>(to include how criteria/rational met OR reason declined)</i>

Section 3: Director authorisation (or appointed delegate/expert panel)

Support grant: Approved Declined

Name	Amount
	£

Signature	Date

Comments (to include future recommendations OR reason declined)