

## ***Who may apply for a grant?***

Applications must be for health care or illness related issues. Priority will be given to people living in and around Bungay, and patients of the Bungay Medical Practice.

Priority will also be given to organisations, including the Bungay Medical Practice, that provide health care to individuals in the practice area, or transport for patients attending the practice or local hospitals for treatment and follow up.

## ***What are grants made for?***

The trustees prefer applications for specific items, for example, mobility aids, stair lifts, home improvements, and medical equipment. In special circumstances, the trustees will also consider helping with transport and accommodation costs when people have to visit hospitals across the country.

The trustees are reluctant to give grants to cover on-going running costs, although in very exceptional circumstances they may do so. The charity does not give funds indirectly to other charities, for example, by sponsoring the fundraising efforts of individuals.

The charity cannot provide grants for services or equipment that should be provided by the National Health Service or other organisations (for instance Social Services). Applications are assessed on an individual basis by the Board of Trustees, and grants are subject to available funding.

## ***How to Apply***

Please complete all sections of the application form. If you have any emails, letters, or brochures that you feel would help, please send copies with your application. You can also send a supporting letter from a healthcare professional if they wish to provide one – they are not obliged to do so.

Please give the trustees full details of your personal finances. As a charity, it is important that we help people who have medical needs and who cannot afford to pay for what they are requesting.

Part One of the form shows your name and address and will only be seen by the chairman who receives the grant applications. The other trustees will see the information you provide in Part Two of the application but will not be told your identity. See our **Privacy statement** on our website for more information about how we look after information you give us.

**Please send your application by email to [profchhand@gmail.com](mailto:profchhand@gmail.com) or by post to:  
Professor Christopher Hand, The Pines, Mettingham, Bungay, Suffolk, NR35 1TD**

## Grant Application Form

Please answer all the questions with as much detail as you can. This will help the trustees make their decision promptly and fairly. All information will be treated with the utmost confidence. Only part 2 of the form will be sent to the trustees, so they will not know your identity.

Ref (For office use)

### Part 1

#### A. Beneficiary details (the person who will receive the grant)

Name	
Address	
Postal Code	
Telephone Number	
Email address	
Age	
Does anyone live with you?	

#### B. Person making the application (if the beneficiary is unable to apply themselves)

Name	
Address	
Postal Code	
Telephone Number	
Email address	
Relationship to Beneficiary	

## Part 2

### A. What is it about your current health that merits a charitable grant?

Ref (For office use)

Please list your medical conditions. Please tell us how they affect your daily life

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### B. What is it about your financial circumstances that merits a charitable grant?

Are you in receipt of means tested benefits, such as universal credit, pension credit, housing benefit, council tax support, income-based jobseeker's allowance, income-related employment and support allowance, cold weather payments?	
Do you only receive the state pension?	
Do you have significant savings?	
Are you, or your family, in a position to contribute to the cost of what you are asking for?	

**C. How much money are you requesting and what is the grant to be used for?**

Ref (For office use)

If equipment is asked for, please provide a full description of the equipment, and the costs of delivery and installation. Please include any quotes you have received. Please tell us if your application is at the recommendation of a clinician at the Bungay Medical Centre or other specialist clinic.

**D. Improvement to your daily life**

What difference would the grant make to your life and your family's life?  
For example, what would you be able to do, that you cannot do now?

**Declarations**

I, the beneficiary, declare that:

1. I am not receiving funds for this purpose from another source.
2. I would not be able to fund this request from my own resources.
3. The evidence I have given in this grant application is factually correct.

**Signed:**