

**Office Use Only**

**Date Received:**

**Date Completed:**

**PSPA SUPPORT GRANT APPLICATION FORM**

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

**Guidance** **Notes**

PSPA support grants are provided to make a difference to those living with or affected by PSP & CBD and to help improve quality of life. Applicant must be resident in the UK.

Funding is limited and applications will be assessed based on the impact that the item or service would have on the person living with PSP, CBD and/or their carer. We are only able to provide a grant to an individual once a year. Please note that the maximum amount for a support grant is currently £250, we consider value for money and the impact of the grant and

may award any amount up to the maximum. Please contact PSPA helpline on 0300 0110 122 or [helpline@pspassociation.org.uk](mailto:helpline@pspassociation.org.uk) if you have any questions.

**EXCLUSIONS**

PSPA will not provide a grant in the following instances:

* Retrospective funding
* Emergency healthcare needs
* Funeral costs
* Repayment of debt
* Legal fees
* Daily living costs ( including utilities )

We aim to process applications within 5 working days. Once a decision has been made, the applicant and the referring HSCP will be informed.

We require the following information when applying for funding before we can consider your application:

* Completed application form. Incomplete application forms will result in the application being delayed whilst further information is requested
* All applications require assessment by an appropriate HSCP, i.e. an assessment by an Occupational Therapist recommending the exact make and model for mobility equipment such as wheelchairs, walking aids and specialist seating or Speech and Language Therapist for communication aids.
* Quotation with the cost of the item
* Confirmation that funding is not available from statutory sources

The completed form should be returned including quote/evidence of cost of item or service to PSPA, 3rd Floor, Margaret Powell House, 415a Midsummer Boulevard, Milton Keynes, MK9 3BN or emailed to [helpline@pspassociation.org.uk](mailto:helpline@pspassociation.org.uk)

1. **DETAILS OF PERSON WITH PSP, CBD OR CARER**

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| --- | --- |
| Full name of person with PSP, CBD or Carer  Mr/Mrs/Ms/Miss/Dr/Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Male: c  Female: c  Person living with PSP c ‬‬‬‬‬‬‬‬‬  Person living with CBD c  Carer c |
| Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ethnicity Code (see appendix A):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address:      Postcode:  I am resident in the UK c | |

1. **DETAILS OF PROFESSIONAL MAKING THE APPLICATION**

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| --- | --- |
| Name of requesting professional:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address:        Postcode: | Preferred method of contact:  Email: c  Phone: c  Email:    Telephone: |

**3. GRANT DETAILS**

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| --- |
| 1. Purpose of grant              1. Amount of support requested – £250 maximum   £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Supporting statement – how will this improve quality of life for the person with PSP or CBD and/or their carer. Please be as detailed as possible as the information provided will be used to assess your application. |

**4. STATEMENT BY THE REFERRING PROFESSIONAL**

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| --- | --- |
| If this application is approved, I understand that, unless otherwise agreed with the Information and Support team:   * I have undertaken due diligence and can confirm that the equipment or service for which I am applying for funding was suitable at the time of assessment * It is the responsibility of my service to monitor and assess the ongoing needs of the person with PSP or CBD in relation to this application,where clinically indicated.   I also confirm all the questions have been answered c | |
| **Signed:** | **Date:** |

**5. PAYMENT DETAILS**

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

**6. DATA PROTECTION STATEMENT**

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| --- | --- |
| Has the person with PSP, CBD or Carer consented to this application, the sharing of their contact details and for PSPA to contact them by phone?  c Yes c No  PSPA 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 [helpline@pspassociation.org.uk](mailto:helpline@pspassociation.org.uk)  Please see our privacy policy on our website [www.pspassociation.org.uk](http://www.pspassociation.org.uk) for full details of how we use your information. | |
| **Signature of person with PSP, CBD or Carer:**    *(Professional can sign on person’s behalf)* | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**7. COMMUNICATION PREFERENCES FOR APPLICANT**

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| --- |
| We greatly appreciate your support and would like to keep in contact with you about our news - including stories and information about our supporters, research projects, volunteering and fundraising activities and appeals.  If you are happy to hear from us with these updates, please tell us how you would like to be contacted (you can select more than one method):  c Email  c Post  c Phone  c I don’t want any further contact from PSPA\*  PSPA will use your personal information only for the purposes for which you have given us consent. We will keep your data confidential and safe, and will never swap or sell it and you can always withdraw your consent at any time by emailing [info@pspassociation.org.uk](mailto:info@pspassociation.org.uk) or calling 01327 322410.You can see our privacy statement which explains how we collect, store, manage and use your personal information at <https://pspassociation.org.uk/home/privacy-policy>  \*We will only contact you with regards to this application. |