

What is the Personal Grant Fund?

A fund to help people

- with the cost of family/friends visiting loved ones in hospital or rehabilitation centre
- with medical/equipment costs/adaptations to homes, where funding is not available through a statutory body

where the need for support is caused or aggravated by GBS, CIDP or a variant.

Notes

- Costs for travel/parking is paid in arrears to the applicant. First claim to be made within 3 months, once approved ongoing receipts/tickets to be submitted monthly.
- Payment for equipment or adaptations is made direct to the supplier on behalf of the applicant and cannot be made retrospectively. Ongoing maintenance and upkeep of equipment or adaptations is the responsibility of the applicant.
- Where only partial funding can be provided by a statutory body, and you are requesting a grant to make up the shortfall, evidence of the funding already approved should be provided. Where funding has been refused, please provide a copy of letter giving the reasons for the decision.
- IN-UK can collaborate with other charities that you have contacted to jointly fund items
- Recurring household bills or debts cannot be considered – please contact your local Social Services, Citizens' Advice Bureau, Citizens' Advice Scotland, Citizens' Information Republic of Ireland, the consumer Credit Counselling Service or the National Debtline
- If you are, or have ever been, a member of the Armed Forces please contact the Royal British Legion as they may be able to offer more help than Inflammatory Neuropathies UK can. Visit: www.britishlegion.org.uk/can-we-help or telephone 0808 802 8080

How to apply:

Part 1 of the form must be completed in full by the applicant.

Part 2 must be completed by an appropriate professional involved in the patients care.

Travel/parking tickets should be sent with the application and subsequent submissions.

Supporting documents and three quotations for equipment and adaptations must be enclosed, please do not send originals as we are unable to return these to you.

Grants are generally capped at £2500 per household. This could be made up of several smaller applications, or a single payment. They are considered by the Grants Committee on receipt. However, grants can be made for larger amounts in exceptional circumstances and these are considered by the Board of Trustees.

Family & friends, in this context, are those who are/will be responsible for the patients care

CONFIDENTIALITY: All information supplied by you is treated by Inflammatory Neuropathies UK in confidence, but the Personal Grants Committee reserves the right to approach your Doctor and/or supporting professional for further help or information; and to use the information in an anonymous form.

Applicant Name:				
Contact Address:				
Contact Number:				
Email:				
Patient Name:	Date of Birth:			
Diagnosis:	Date of Diagnosis:			
Are you receiving or applying for any benefits or grants? Tick here:		<table border="1"> <tr> <td>Y</td> <td>N</td> </tr> </table>	Y	N
Y	N			
If Yes, list benefits/grants received:	applied for:			

If applicable, we will send payment by cheque or by bank transfer. Please indicate your preference by giving details for (i) or (ii)	(i) cheque made payable to:
	(ii) bank transfer made payable to:
Account Name Account Number Sort Code	

For travel & parking expenses, go to section A. For equipment & adaptations, go to section B

Section A – Travel & Parking Expenses

Please tell us about your journey via the form on Page 5.
You'll be asked to share the following information.

Travelling by car? <ul style="list-style-type: none"> Addresses you are travelling from/to Distance driven Cost of car parking (<i>enclose tickets</i>) Dates of travel 	Travelling by public transport? <ul style="list-style-type: none"> Addresses you are travelling from/to Cost of travel tickets (<i>enclose ticket/receipt/photo</i>) Dates of travel
Notes <ul style="list-style-type: none"> You may be eligible for parking concessions – check with the Ward or PALS The car park machine may retain your ticket – a photo is acceptable for proof It may be cheaper to buy a rail card or season tickets on public transport Can you use a bus pass? 	

Section B – Equipment or Adaptions

What equipment and/or adaptions are you applying for?

Total Cost:

Notes

- We can only help where items are not available through the statutory body or to meet a shortfall in what is offered by the statutory body
- Some items required for daily living, such as wheelchairs and other aids are available through the NHS or social services
- Wheelchairs and mobility scooters are available through Motability if in receipt of higher rate PIP or DLA
- Home adaptations can be made using a Disabled Facilities Grant, through the local council

Why do you need this?

Have you been turned down by a statutory body (*social services, local council, NHS*)?

- No: apply for funding from them in the first instance
- Yes: enclose a copy of the letter explaining why you were turned down + 3 quotes

Are you seeking support from more than one charity or organisation?

If yes who?

Amount of grant being sought from IN-UK

Enter details of the GP, physio consultant, or social worker supporting this application.	Name:
	Address:
	Role:
	Email:
	Contact Number:

This section must be completed by the professional detailed above who knows about the patient, condition and can comment on their circumstances and this application.

	Yes	No
The need for support is caused/aggravated by GBS/CIDP or a variant		
A clear need for assistance exists		
The benefits proposed are related to the need		
Diagnosis:		Date of Onset:
Background / Endorsement of this application		

How long have you known the patient?
When did you last see the patient?
Expected date of discharge?

Please sign and date below and endorse with your official stamp I support this application:		
Official Stamp:	Signature	Date

Questions? Please call **01529 469910** or email us at
hello@inflammatoryneuropathies.uk
Please return this form to:
Freepost InflammatoryNeuropathiesUK

Name of Applicant	
Travelling from (full address)	
Travelling To (full address)	
I am travelling by	<div>Own Vehicle:</div> <div>Public Transport:</div>

Date of Travel	Time of Travel	Mileage	Parking Fee (enclose tickets)	Rail/Bus Fare (enclose tickets)
e.g. 1/5/2025	10am	10	£2.50	