

EDUCATIONAL AND VOCATIONAL GRANT

APPLICATION GUIDANCE NOTES

If you are affected by Inflammatory Bowel Disease (IBD), are aged 15 or older, have been resident in the UK for at least six months and you are undertaking an educational or vocational training course, you may be eligible for an Educational and Vocational Grant from the Crohn's and Colitis UK Grants Fund.

Grants do not exceed £800 and a person can receive one grant in a five year period.

The amount awarded will be at the discretion of the panel and their decision will be final.

Some examples of grants:

- Books and/or other course material/equipment to support study
- Tuition fees
- Additional costs of university/college en-suite

Please note: Recurring household bills or debts cannot be considered - for these you should seek help from your local Social Services, [Citizens' Advice](#), [StepChange](#) or The [National Debtline](#).

Our panel meets approximately every eight weeks. Please refer to our website for the date of the next meeting. Please note we cannot reimburse for items that have already been purchased. If for any reason we have provided a cheque we will require receipts to be sent. Failure to do this will result in all further applications being refused.

Successful grants have to be claimed within **three** months of the decision notice. After this period the application will be closed and a new application will need to be submitted.

The panel can only make a decision on the item requested on the original application form. If the item required has changed, a new application will need to be submitted.

You will see that the application form is divided into seven sections as follows:

- Q1. Your personal details - information about you (the Applicant)
- Q2. Details and evidence about the course that the person with IBD is on
- Q3. Financial details – monthly income that you and your spouse/partner receive and your monthly Council Tax and rent/mortgage expenditure
- Q4. What is being applied for
- Q5. How is the need of the item(s) specified in Q4 related to your IBD
- Q6. What other sources have been approached for financial help
- Q7. Medical report

Confidentiality: All information will be treated by Crohn's and Colitis UK in confidence. If necessary the Grants Fund Panel reserves the right to approach the person supporting your application for further information if necessary and to use the information anonymously for reporting purposes. Your data will not be shared except for direct goods delivery purposes and you should not receive any marketing information.

- Q1. The Applicant is the person with IBD unless they are under 18 and financially dependent on someone else. In this case the Applicant will be the parent/guardian who is financially supporting the person with IBD. We need to know if you (the Applicant) have a spouse or partner, any children and details of

any other people that rely on you financially (dependents). Please provide a contact number and/or email address so we can contact you.

- Q2.** Please provide evidence of the education course that the person with IBD have a place for or are currently on, for example a letter confirming the place.
- Q3.** We need to know information about your financial situation (current year) as our resources are limited and we can only provide help to those most in need.

We base our low income criteria on the Benefit Cap.

Please provide a recent bank statement for you and, if you have one, your spouse/partner.

- If you are on Employment and Support Allowance, Income Support, Job Seekers Allowance, Incapacity Benefit or Pension Credit (Guarantee) or Universal Credit you will not need to disclose any more financial details. It is extremely important that you provide us with proof of entitlement of benefits. **Please then proceed to question 4.**
- If you don't receive any of the above benefits, please confirm the amount of savings that you and, if you have one, your spouse/partner have.
- Please disclose any income from work that you and, if you have one, your spouse/partner get. It is important that you provide payslips or some other form of proof of your work income.
- Please calculate your benefit income from the following list: Carers Allowance, Child Benefit, Guardians Allowance, Child Tax Credit, Housing Benefit, Maternity Allowance, Severe Disablement Allowance, Widowed Parent's Allowance and Bereavement Allowance.
Do Not Include: Attendance Allowance, Personal Independence Allowance, Disability Living Allowance or Working Tax Credit.
- Please provide your rent/mortgage and Council Tax expenditure. We will need proof of this. Please talk to your Local Authority for evidence of Council Tax expenditure and your landlord or mortgage provider for proof of your rent/mortgage if it is not evident from your bank statement.

Q4. It is important to let us know exactly what you need including your preferred supplier and the cost. Please note that we give **one** grant to an individual over a **five** year period, which will be assessed on an individual basis. Generally, we would not give more than two in any five year period. An estimate or quotation for the item(s) you want is helpful. We normally make a payment direct to the supplier and not to you as the applicant.

Q5. Please explain how the need for the item(s) requested in Q4 is as a direct result of having IBD.

Q6. Please give details of any other sources you have approached for financial help, e.g. the Disabled Student's Allowance, another charity, the Department of Work and Pensions, a family member or friend. This can be useful if you need funding for a particular item which is above our limit of £800. With other funders we may jointly be able to provide what you need. Turn2us is a national charity that helps people in financial hardship gain access to welfare benefits, charitable grants and support services, to find out more access www.turn2us.org.uk

Q7. The medical report is essential. On page 4 please complete the name of the person with IBD and ask their GP/Consultant/IBD nurse to complete the rest. It is essential that this part of the form has been completed fully along with the practice stamp. We have requested that there will be no charge but this is at the doctor's discretion. Alternatively we will also accept a letter, dated within the last six months, from a medical professional that proves that the recipient of the grant has IBD.

Please note: if you do not provide all of the necessary information we require it could delay the decision on your application by several months.

Please check you have completed the form fully and have got all the supporting evidence.

Q1	Personal details	
Q2	Evidence of the educational or vocational course that the person with IBD is attending or hoping to attend	
Q3	Financial details	
	Proof of benefit entitlement, if applicable	
	Proof of income, if applicable	
	Bank statement, if applicable	
	Monthly rent/mortgage expenditure, if applicable	
	Monthly Council Tax expenditure, if applicable	
Q4	What are you applying for?	
Q5	How is the need for these items related to your IBD?	
Q6	Have you approached other organisations?	
	Your signature and the date	
Q7	Medical report/Letter	

Completed application forms and all supporting evidence listed above should be sent to:
Grants Assistant, PO Box 334, St Albans, Herts., AL1 2WA.

For any queries please call Julia Devereux (Grants Assistant) on **0800 011 4701** or send an email to support.grants@crohnsandcolitis.org.uk. Please note that Julia only works part-time and will not always be able to respond to your enquiry on the same day.

You can also find out more by calling the Crohn's and Colitis UK Information Service on **0300 222 5700**.