

## EDUCATIONAL AND VOCATIONAL SUPPORT GRANT APPLICATION FORM

BEFORE SIGNING THIS FORM PLEASE READ OUR CONFIDENTIALITY INFORMATION ON PAGE 3

Please refer to the guidance notes when completing this form and use black ink.  
Completed application forms should be sent to:  
Grants Assistant, PO Box 334, St Albans, Herts., AL1 2WA.

### 1. Your personal details

Applicant's name.....

Name of person with IBD, if under 18..... Age of person with IBD.....

Address (including postcode).....

.....

Telephone No..... Alternative No.....

Email.....

Please provide details of the people living in your household who are financially dependent on you:

Do you have a spouse/partner?                      Yes / No

Number of children:                                      Under 18.....

Over 18 in full time education.....

Please state any other dependents that are living with you and their relationship to you e.g. mother

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### 2. Details about the training programme or course that the person with IBD has a place for or is currently on (please supply evidence)

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**3. Financial Details**

Do you or your spouse/partner receive any of the following benefits (please tick all that apply)?

Employment and Support Allowance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Income Support	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Job Seekers' Allowance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incapacity Benefit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Pension Credit (Guarantee)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Universal Credit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**If YES, please include proof of your benefit entitlement below and proceed to question 4.**

Please confirm you and your spouse/partner's savings and income (please include proof of this income with your application); see guidance notes for more detail:

	You	Your spouse/Partner
Savings	£	£
Earnings from work (net monthly)	£	£
Income from benefits* (net monthly)	£	£
Income from other source e.g. parents /grandparents	£	£
Income from student grants/bursaries excluding fees	£	£

\*Please **do not** include Attendance Allowance, Personal Independence Payment, Disability Living Allowance or Working Tax Credit

Please confirm your expenditure for monthly council tax and mortgage or rent; see guidance notes for more detail:

Council Tax	£
Mortgage/Rent (monthly)	£

**4. What are you applying for?**

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If appropriate, please provide:

Preferred Retailer ..... Model Number/Colour .....

What is the approximate cost - please attach quotation(s) or estimate(s) £.....

If the item is over £800 please advise how you will fund the shortfall

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**5. In order to be eligible for a grant, the need for the items requested must be related to having IBD. Please explain how your need arises from your IBD**

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**6. Have you applied for a Disabled Student's Allowance (where applicable) or approached any other organisations or individuals for financial support? Please give details, including any amount awarded**

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**CONFIDENTIALITY:** At Crohn's and Colitis UK, we take your privacy seriously. We will use your personal information to keep in touch with you about your support grant application. If you have previously registered preferences about how we communicate with you these will not be affected by this application and you can still change them at any time.

We won't share your details with anyone else but we may:

- Need to approach the person supporting your application for further information and to use the information anonymously for reporting purposes; or
- Need to arrange direct delivery of goods to you from a supplier

If you have any questions on privacy please let us know.

If you would like to hear more news and updates about the charity please call our Helpline 0300 222 5700 or visit [www.crohnsandcolitis.org.uk](http://www.crohnsandcolitis.org.uk)

**Your signature**.....

**Date**.....

Please continue to **question 7**, which needs to be completed by your doctor/IBD nurse/Consultant. Alternatively we will accept a letter, dated within the last 6 months, from a medical professional that proves you have IBD.

Blank Page please go to the medical report on page 5.

## 7. Medical Report

One of your patients has applied for an Educational and Vocational Support Grant from Crohn's and Colitis UK. We would be grateful for your co-operation in completing this section of the form, and trust that since this is an application for a charitable grant you will waive any fee which you might otherwise wish to charge.

Name of person with Inflammatory Bowel Disease (IBD):

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Please confirm the diagnosis:

Crohn's Disease

Ulcerative Colitis

Other form of IBD (please specify).....

Date of onset/diagnosis.....

Supporting comments.....

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Consultant/Doctor signature.....

Date.....

Telephone No.....

Email.....

Practice stamp

**CONFIDENTIALITY:** All information will be treated by Crohn's and Colitis UK in confidence. We reserve the right to contact you for further information if necessary and to use the information anonymously for reporting purposes.