



GRANT APPLICATION FORM

YOUR DETAILS

Name:	Telephone:
Address:	Age:
	Date of injury:
	Level of injury:
	E-mail address:

DETAILS OF THE ITEM YOU ARE REQUESTING FUNDING FOR

Item of equipment requested:

Cost (inc. VAT):

Please attach full quotation from supplier for equipment. Please include any extras that you will need e.g. arm rests, batteries etc.

SSIT expects the applicant to have investigated all other sources of funding and can only pay for equipment that cannot be obtained in any other way.

Have you tried obtaining this equipment or part funding for this equipment from any other source (e.g. NHS wheelchair services, Social Services, Local Health Authority, Motability or other Charity or Trust)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<p>If yes, please give details on the back of this page of whom you contacted and whether they were able to assist or not. Copy correspondence is required where your local NHS wheelchair service is unable or unwilling to assist you.</p>	
<p>Can you make a contribution towards the cost of this equipment?</p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/></p>
<p>If yes, how much?</p>	<p>£</p>

Your Consultant, GP, Occupational Therapist, Physiotherapist, Social Services or Care Manager must support your application.

SIGNATURE OF SUPPORT

I support this application for the equipment requested which, in my opinion, will improve this person's quality of life.

Signed Date

Name Title

SIGNATURE OF APPLICANT

I confirm the above information is true and accurate.

Signed Date

**Please return this form to:
SSIT, 21 Chipper Lane, Salisbury, Wiltshire. SP1 1BG.**

<p>For SSIT use only:</p>
