

Your grant application form

To apply for a grant, please complete the Application Form and return it to SSIT either via a member of staff in the Spinal Centre or post it to SSIT, 21 Chipper Lane, Salisbury, SP1 1BG. A separate form is available for IVF funding and can be downloaded via the website.

Personal information

Title

Surname

Forename

Initials

Address

Postcode

Telephone

Mobile

Email

Date of birth

Date of injury

Level of injury

Information on equipment requested

Details of the item you are requesting funding for

Cost (inc. VAT):

Your grant application form

Have you applied for funding elsewhere?

If you are applying for a wheelchair you must approach your local NHS wheelchair services first. **If they cannot help with your application please attach their rejection letter.** Your application cannot be considered without this.

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.

	Yes	No	Please indicate contribution if known
NHS wheelchair services	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Local Health Authority	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Motability	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Other Charity or Trust	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>

Can you make a contribution towards the cost of this equipment?

Yes No

If yes, how much? £

How did you find out about SSIT?

Physiotherapist or Occupational Therapist details

If your application relates to a mechanical item (eg. wheelchairs, wheelchair accessories, e-motion wheels, exercise equipment, profiling beds etc), you will need the supporting signature from your Physiotherapist or Occupational Therapist to say that they have assessed you using the equipment and that in their opinion it is suitable and safe.

OT/Physio

Name

Address

Telephone

Signature of support

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

Name Title

Signed Date

Your grant application form

Consultant, GP,
Occupational Therapist,
Physiotherapist,
Social Worker or Care
Manager details

Name

Job title

Address

Telephone

If your application is not for a mechanical item, please ensure that your Consultant, GP, Occupational Therapist, Physiotherapist, Social Worker or Care Manager supports your application.

Signature of support

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

Name Title

Signed Date

Signature of applicant

I confirm the above information is true and accurate.

Signed Date

Check list

Please ensure that you include the following items with your application.

- Signed application form
- Quote from supplier for item requested
Please include any extras that you will need e.g. arm rests, batteries etc.
- Rejection letter from NHS Wheelchair Services if applicable
- Any other relevant information that you feel might help support your application