

Tourettes Action Grant Scheme

The TA Grant Scheme provides practical financial assistance to people with Tourette syndrome, helping them access equipment that can enhance their independence, wellbeing, and overall quality of life.

Please note that all applications are assessed on an individual basis.

Grants of up to a MAXIMUM of **£600** are available. The total amount requested **must include VAT and any delivery costs.**

Please be aware that, following the award of a grant, applicants will not be eligible to apply for further support from the Tourettes Action Grant Scheme for **five years**. A maximum of **two grants per family** can be awarded over a lifetime.

* Indicates required question

1. Email *

What the grant cannot fund

As we have limited grant funds available, there are several categories of items which we cannot fund:

The examples provided below are not exhaustive

- 1) Anything which could be considered a home or garden improvement such as; paint, conservatories, sheds, fencing, carpet or other types of flooring.
- 2) Household items such as; vacuum cleaners, washing machines, wardrobes, standard beds, chairs, tables and sofas.
- 3) Therapies, medical or alternative treatments.
- 4) Educational activities such as home tutors and/or standard teaching materials.
- 5) Activities and holidays.
- 6) Vehicles and repairs, driving lessons.
- 7) Medicine, medical items or similar.

We will not fund items that should be provided by a statutory body such as the NHS, or Education Services.

We will not fund items which have already been purchased.

Other information

Please keep copies of everything that you have submitted.

For items where there is a time deadline, please ensure that you send your application in plenty of time for it to be processed.

Please also keep in mind that from successful submission of a grant application it can take up to 8 weeks to receive a decision, this may affect the original cost of the item e.g., if it was on sale.

What happens once we have received your application?

1. You will be notified that your application has been received by email.
2. If any required information is missing we will contact you to let you know and give you an opportunity to supply it.
3. Once we have all the information required we aim to make a decision in approximately 8 weeks.
4. If you have not heard from us within 8 weeks, contact us at: **grants@tourettes-action.org.uk**

Decisions

All decisions made by the grant panel are **final**, and we are unable to enter into further correspondence regarding the outcome of applications.

Please note that at certain times of year it may take longer than 8 weeks to provide a decision

PERSONAL DETAILS

About You

Details should be provided below for the individual that is completing this application form

2. **Title ***

3. **First Name ***

4. **Surname ***

5. **Address ***

6. **Post Code ***

7. **Email ***

8. **Mobile ***

9. **D.O.B ***

Example: 7 January 2019

10. **Are you completing this application for someone else? ***

Mark only one oval.

☐ Yes *Skip to question 11*

☐ No *Skip to question 19*

Skip to question 11

Completing the application for someone else

If you are completing this application for someone under the age of 18, or who is not able to complete the form themselves, please enter the **applicant's** details in the fields below.

11. **Relationship to applicant?**

 Dropdown

Mark only one oval.

☐ Parent

☐ Partner

☐ Sibling

☐ Friend

☐ Carer

☐ Other

12. **Title**

13. **First Name ***

14. **Surname**

15. **Address ***

16. **D.O.B**

Example: 7 January 2019

17. **Mobile**

18. **Email**

Tourette's Diagnosis

19. **When was the grant recipient first diagnosed with Tourette syndrome? ***

Example: 7 January 2019

20. **Grants are only provided to those with a formal diagnosis of Tourette syndrome. Please upload a copy of your official Tourette syndrome diagnosis** (You can upload up to 5 documents, however these should not exceed a total of 20mb) *

NB - Tourettes Action do **NOT** accept copies of educational reports or assessments.

Tourettes Action will only accept an **official TS diagnosis** letter.

Files submitted:

ABOUT THE GRANT ITEM

The following section will require you to answer several questions regarding the item the grant is intended for (**Please note that you can only apply for ONE item**).

Quotations

You must include a current quote for the item you are applying for.

Screen shots from a web browser or similar will be accepted if an official quotation direct from the supplier is not available or an option.

When choosing a supplier please be aware that:

1) Tourettes Action will purchase the item – we will accept pro-forma invoices. You may use our offer letter to show that we will meet the cost. We will **NOT** make a payment directly to **YOU**.

2) We can **ONLY** pay for items in pounds sterling.

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

22. **What is the cost of the item you are applying for? ***

23. **How much is the delivery cost ***

24. **Please upload a current quotation for the item (the file should not exceed 10mb) ***

Files submitted:

25. **Please explain how the item you are applying for will benefit the grant applicant ***

REFERENCES

Tourettes Action requires that a reference is supplied to support your application.

This reference **must** be on headed paper, up to date and written specifically for this application.

The reference **must** be from a medical professional or from someone who knows the grant applicant professionally e.g., teacher, social worker, GP, specialist.

Tourettes Action do not accept references that could be considered biased e.g., a family member or paid tutor.

The reference must confirm/state the following:

1. Full name of the applicant
2. In what capacity the referee knows the applicant
3. What is the item being applied for and how it will benefit the applicant

26. **Reference Upload ***

Files submitted:

FUNDING

If you are able to make a contribution towards your item it would be enormously helpful and appreciated.

27. **Will you be able to make a contribution toward the cost of the item? ***

Mark only one oval.

☐ Yes

☐ No

28. **If yes how much?**

29. **Has any funding for your requested item been raised through the following avenues** *

Tick all that apply.

- ☐ Local Authority
☐ Local Fundraising
☐ Another Charity
☐ Other source(s)
☐ No Additional Funding

30. **If any options from the above question have been selected please list below how much has been raised ,from which option and when**

31. **If you have funding from another source please upload proof / confirmation**

Files submitted:

32. **Should the item have been funded by the NHS, Education or Social Services departments?** *

Mark only one oval.

- ☐ Yes
☐ No

33. **If this item should have been funded by the NHS, Education or Social Services departments, why have they declined funding?**

HOUSEHOLD DETAILS

Please complete this section for your **ENTIRE** household.

34. **Number of people in household to include dependants ***

Mark only one oval.

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ More than six

35. **Number of dependents in household ***

Mark only one oval.

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ More than six

Finance

We try to be as flexible as possible but if your household income is over **£45,000 p.a** (excluding benefits)., we are very unlikely to be able to help **BUT** we will consider **ALL** applications according to need. If you have household savings of more than £8,000 we are again very unlikely to be able to help.

We will ask you to upload proof of any benefits, wages or salary later in this section.

Dependent Students - If you are ordinarily resident with your parents, you are considered dependent on your parents. In this case your income (if any) is assessed together with your parents' income(s)

Main Income Earner36. **What is the yearly salary / wage of the main income earner? ***

37. Is this paid weekly or monthly? *

Mark only one oval.

☐ Weekly

☐ Monthly

38. Please upload your last three payslips or most recent set of accounts. *

Files submitted:

39. Please upload your last three months of banking statements *

Statements should show the dates and actual income payments coming into the bank account (i.e. salary, DLA, carers allowance, child benefit etc) please feel free to block out your outgoings. Please be assured that once the grant process is finished all personal information will be deleted.

Files submitted:

40. Is there a secondary earner in the house hold? (For example, another adult who earns a wage) *

Mark only one oval.

☐ Yes *Skip to question 41*

☐ No *Skip to question 45*

Secondary Income Earner**41. What is the yearly salary/wage of the secondary income earner?**

42. Is this paid weekly or monthly?

Mark only one oval.

☐ Weekly

☐ Monthly

- 43. Please upload the last three payslips or most recent set of accounts.** Statements should show the dates and actual income payments coming into the bank account (i.e. salary, DLA, carers allowance, child benefit etc) please feel free to block out your outgoings. Please be assured that once the grant process is finished all personal information will be deleted.

Files submitted:

- 44. Please upload the last three months of banking statements**

Files submitted:

Dependant Earner(s) Part 1

A dependant earner can be anyone under the age of 18 that lives in the same house hold and who also earns a wage, this also includes university students over the age of 18 who work.

- 45. Are there any dependant earners in the house hold? ***

Mark only one oval.

☐ Yes *Skip to question 46*

☐ No *Skip to question 50*

Dependant Earners Part 2

46. **What is the yearly salary/wage of any dependants?**

47. **Is this paid weekly or monthly?**

Mark only one oval.

☐ Weekly

☐ Monthly

48. **Please upload the last three payslips or most recent set of accounts.** Statements should show the dates and actual income payments coming into the bank account (i.e. salary, DLA, carers allowance, child benefit etc) please feel free to block out your outgoings. Please be assured that once the grant process is finished all personal information will be deleted.

Files submitted:

49. **Please upload the last three months of banking statements**

Files submitted:

Additional financial information

50. **Please list below all benefits you and anyone else in the household receives on a monthly basis (If you do not receive any please simply enter N/A)**

51. **Please upload copies of your benefit(s) award letters to include payment schedules**

Files submitted:

52. **What is the total value of any savings you have?**

53. **Please upload your current savings statement**

Files submitted:

FORM SUBMISSION

54. **From time to time we include details of our grants in the Tourettes Action newsletter. Please indicate below if you are willing for your grant to be featured in a future newsletter.** *

Mark only one oval.

☐ Yes

☐ No

55. **Select to receive the latest news and updates about Tourette syndrome** *

Tick all that apply.

☐ Post

☐ Phone

☐ E-mail

☐ Text message

☐ Select this option if you do not wish to receive any updates

Declaration

1. I confirm that the information on this form is correct and complete to the best of my knowledge and belief.
2. I understand if I misrepresent or fail to inform you on a matter that maybe of relevance to the grant application this will be in breach of the agreement and may result in the offer of a grant being withdrawn.
3. I am in a position to use the grant and will be able to send an invoice within 3 months, should a grant be awarded, and understand that should I fail to do so the grant may be withdrawn.
4. I understand that no money will be paid directly to me and that TA will not reimburse any money I have already spent.

I understand that

The items are held in perpetuity.

1. They must not be leased, sold or disposed of without prior written consent.
2. TA must be consulted when an item is no longer required.
3. The maintenance, repair and insurance of the item is the responsibility of the grantee.
4. TA accepts no liability to renew, replace or repair the equipment.

Your details are safe with us. We will never share them with anyone else. Check out our Privacy Policy at [Tourettes Action privacy policy](#).

56. **I agree to abide by the conditions, as set out above in the declaration section ***

Mark only one oval.

☐ Yes

☐ No

57. Full Name (Please **PRINT** in capitals) *

58. Date *

Example: 7 January 2019

Once you have submitted your application it may take a short while to process (depending on documents uploaded). Please be patient and await the "Your response has been recorded" message before closing your web browser. You will then receive an email confirmation and copy of your grant application.
