HOLIDAY £350		WELFARE £500	

*(Place an **X** as appropriate) Note: applicants can only apply every two years*

British Polio Fellowship

APPLICATION FORM FOR A GRANT

Ref:2024/0901

ABOUT YOU

Applicant's Title **First name** **Surname**

Full Address

Postcode

Telephone

Mobile

Email

Date of Birth

ABOUT YOUR POLIO

Have you previously supplied proof of contracting polio to the Fellowship? YES/NO* (delete as applicable)
(*If NO, you must include an original doctor's letter or certificate with your application)

Date contracted polio

Which of these polio-related symptoms affect your day-to-day life? *(Place an **X** as appropriate)*

General fatigue	
Muscle/joint pain	
Muscle loss	
Increasing localised weakness	
Sleep disturbance	
Breathing problems	
Cold intolerance	
Problems swallowing	
Regular use of painkillers/other medication	
Mental health issues (e.g. depression)	
Use of additional aids to eat, drink or get (un)dressed	
Potential for falls or fractures	

ABOUT YOUR APPLICATION (Please add an extra sheet if you wish to provide more information)

Give full details about what you will buy with the grant and include its total cost (You must provide an official quote)

BENEFITS

Please tick the benefit(s) you receive

Ref:2024/0901

DISABILITY LIVING ALLOWANCE (DLA) OR PERSONAL INDEPENDENCE PAYMENT (PIP) (√)	
• Mobility component - Standard rate	
• Mobility component - Enhanced rate	
• Care component - Standard rate	
• Care component - Enhanced rate	
ATTENDANCE ALLOWANCE (√)	
• Lower rate	
• Higher rate	

PAYMENT DETAILS

If this application is successful the Fellowship can transfer any grant provided directly to you or to your supplier's bank or building society account.

Name of bank or building society								
Account name(s)								
Sort code (6 digits)								
Account number (8 digits)								
Date payment required								

CONFIRMATION / ACCEPTANCE

BY SIGNING THIS APPLICATION FORM YOU CONFIRM YOU HAVE READ, UNDERSTOOD AND ACCEPT THE GRANT APPLICATION TERMS AND CONDITIONS.

ASK TO SEE OUR PRIVACY STATEMENT OR GO TO WWW.BRITISHPOLIO.ORG.UK/PRIVACYPOLICY

To the best of my knowledge and belief, the information on this form is correct. I certify that the information contained in this application is correct to the best of my knowledge. If the information in the application changes in any way I will inform the British Polio Fellowship immediately.

Signed (applicant)		Date	

If you are signing on behalf of the applicant what is your status / relationship to the applicant?

Signed (on behalf of applicant)		Status	
		Date	

When completed, please email or post the form:

The British Polio Fellowship, CP House, Otterspool Way, Watford, Herts WD25 8HR
Telephone: 0800 043 1935 Email: info@britishpolio.org.uk

For office use only

How is the applicant affected by polio and do they have any other health conditions? How does the applicant manage/what aids are used e.g. wheelchair, walking sticks, crutches etc? Other useful information?