

FOR OFFICE USE ONLY
SIN 1735



Special Individual Needs Application Form

Your Name

Address
Post Code:

Telephone Number E-Mail

Date of Birth

Please tell us about your disability

For what purpose do you require a Grant?

Have you applied to Social Services or Health Authority? YES NO

What was the result of any application?

Who is supporting
your application?

Name:

Telephone Number

E Mail:

What is his/her profession?

Doctor

Nurse

Occupational Therapist

Physiotherapist

Social Worker

Has an assessment of your need ever been made by Social or Health Services?

YES

NO

If YES, when was the assessment carried out?

Date:

And what was the
result?

Please describe the equipment required. Enclose quotations if possible

Cheques cannot be paid to individuals.

Please indicate a local charity or a supplier who could process any donation for you.

If you do not belong to any such group, please put a tick here

Finances of Person needing help

Replies to this section will assist us in considering the application.

Please list any Benefits being received.

Estimated gross Annual Income £

What is the total cost of the equipment?

£

Amount requested from Catalyst?

£

What contribution could you make?

£

Other sources?

If you are completing this form for the applicant, please give your name, address, relationship and telephone number

Your Name

Address

Post Code:

Relationship

Telephone Number

DECLARATION *(to be completed by Applicant or Representative)*

I declare that the information given in this form is correct and complete.

Signature _____

_____ Date

Please return this form to:

**The Administrator
Colchester Catalyst Charity
Catalyst House, Newcomen Way,
Colchester, Essex CO4 9QL
Tel: 01206 752545
E mail: colcat@btinternet.com**