



BIRKDALE TRUST FOR HEARING IMPAIRED LTD

GRANT APPLICATION FORM - from an INDIVIDUAL

Please read the application form carefully and then complete the sections that apply to you, giving as much information as you can to assist the Trustees with their decision-making.

Details of Person to receive the benefit (Applicant)

1. Full Name: _____
2. Address: _____

3. D.O.B _____
4. Tel: _____
- Mobile: _____
5. E-mail Address: _____

If the applicant is under 18 years of age, please complete sections 6-9 then go to section 11.

6. Name of Parent/
Guardian/Sponsor: _____
- Relationship to applicant: _____

Address (if different to Applicant): _____

Tel: _____

Mobile: _____

E-mail Address: _____

8. Name of Nursery, School, College or University the child or young person is currently attending, or Name of employer.

Address: _____

Tel: _____

9. Are you in employment?

Parent 1: Yes () No () Please state full or part-time _____

Employer's name: _____

Job Description: _____

Parent 2: Yes () No () Please state full or part-time _____

Employer's name: _____

Job Description: _____

If the Applicant is over 18 years of age, please complete section 10.

10. Are you in employment?

Yes () No () Please state full or part-time _____

Employer's name: _____

Job Description: _____

If not in employment, are you currently in receipt of benefits: Yes () No ()

Sections 11-20 to be completed by all applicants.

Please tick the box showing the level of your hearing loss:

11. Left Ear: Mild Moderate Severe Profound Cochlear Implant
 () () () () ()
- Right Ear: () () () () ()

Hearing technology and model currently being worn for each ear:

Ear	Technology (e.g. CI/HA)	Manufacturer	Model	
Right				
Left				

NB - A copy of your most recent Audiogram is required. The Trustees can only consider applications with valid and up-to-date evidence of the applicant's hearing impairment.

Please state clearly what the grant is for and how the financial support will benefit you in the future:

12. _____

13. What is the total cost of the equipment or support you are requiring? £ _____
 Less contribution(s) you or your family are making towards the total cost, if any £ _____
 What is the total amount you are requesting from this Trust: £ _____

14. If you have also applied to other Groups or Charities for financial help with this request, please provide details below:

Name of Organisation: _____

Amount Requested: £ _____

Amount Received: £ _____

Please state if this request is still pending: Yes () No ()

15. Please provide details of any previous applications you have made to the Birkdale Trust for Hearing Impaired Ltd. (This includes you and any members of your family).

FAILURE TO MENTION ANY PREVIOUS APPLICATIONS MAY INVALIDATE YOUR REQUEST

Date	Grant Provided £	Purpose of Grant

16. Before submitting this application, it is important that you read and tick the following to ensure all relevant information is included:

- a) Please ensure that you have answered ALL questions ()
- b) Confirm you have enclosed a copy of the most recent Audiogram ()
- c) Confirm you have enclosed a formal quotation for hearing equipment ()
- d) Confirm you have enclosed a letter from a Teacher of the Deaf, or other professional person, in support of the hearing equipment. ()
- e) Confirm you have enclosed a formal quotation for services, including tuition, therapy, BSL any other appropriate project. Website print-outs cannot be accepted. ()
- f) When applying for funding for tuition, please also enclose a letter from the school in support of this. ()
- g) Please ensure that you have applied sufficient postage when posting your application to avoid any unnecessary delays ()
- h) Please ensure you enclose a small pre-stamped self-addressed envelope for our reply ()
- i) Please ensure you have read the note about making a financial contribution ()

17. **Declaration:**

I confirm that the information in this application form is correct and that any grant awarded will be used for the sole purpose(s) stated and in accordance with any conditions specified and I understand that the Trust will not accept any liability in connection with any grant.

18. Signature: _____

19. If under 18 years of age

Signature of parent/guardian/sponser : _____

20. Date of Application: _____

By submitting this form you are agreeing to the Trustees considering your application.

N.B. Without the relevant information and documents your application will not be processed.

All completed applications should be sent to:

Birkdale Trust
PO Box 852
SOUTHPORT
PR8 9WG

Any additional enquiries: bthi.grants@gmail.com