

ARTHROS SMALL GRANT APPLICATION FORM

(Please note – only one small grant application permitted per person per year.)

*Have you checked that you meet Arthros' 3 criteria to apply for a grant? If not, see below.

- Do you live in the Reading area? Yes /No
- Are you aged over 30? Yes /No
- Do you live with a type of inflammatory Arthritis? Yes/No

If Yes to all 3, please proceed:

Is this application for yourself or for someone else? If someone else, then their written consent is also needed, and this form must be completed with them and signed by them.

Please complete all sections 1-5.

Date

1. About you /the applicant: -

Full Name **Date of Birth**

Address: **Postcode.....**

Email address **Contact number**

What type of Arthritis do you have?

Do you have any special communication requirements?

If yes – what is the best way to contact you?

2. What aids will help you?

| | | |
|----|---|--|
| 1 | What do you need a small grant from Arthros to fund? E.g. -cutlery; personal hygiene equipment, other aids? | |
| 2. | Why do you need item/s? E.g. -advised by NHS professional? -Item not supplied by NHS? -expenses beyond your means? - other - please explain? | |
| 3. | What tasks are you struggling with while living with Arthritis? What do you need the item/s to help you with managing? | |

| 4. | What difference will the item/ aids make to your daily life? How will it improve daily life for you? | | | | | | | | | | | | | | | | |
|-------|--|------|------|------|------|--|--|--|--|--|--|--|--|--|-------|--|---|
| 5. | Any other information you can tell us about how living with Arthritis affects you? | | | | | | | | | | | | | | | | |
| 6. | Please state preferred supplier, items needed, and costs (total below £200) <table border="1" style="width: 100%;"> <thead> <tr> <th>ITEM</th> <th>CODE</th> <th>COST</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2">TOTAL</td> <td>£</td> </tr> </tbody> </table> <p>Preferred supplier (Choose one from the list below):</p> <p><input type="checkbox"/> Ableworld: www.reading.ableworld.co.uk; and shop @ 31, Boulton Rd; RG2 0NH</p> <p><input type="checkbox"/> CareCo: www.careco.org.uk and shop @ 57, London Rd, Camberley GU170AA</p> <p><input type="checkbox"/> Essential Aids (Online only): www.essentialaids.co.uk</p> | | ITEM | CODE | COST | | | | | | | | | | TOTAL | | £ |
| ITEM | CODE | COST | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| TOTAL | | £ | | | | | | | | | | | | | | | |

Arthros may need further information from you before a decision can be made. Please indicate your preference for communication? **phone /email / post *** (*delete as needed)

Name of person completing the form - if not the applicant?

Relationship to applicant **Contact number**

3.Declaration:

I declare that the information given on this form is true, and to the best of my knowledge and belief complete.

Signed by the applicant:

PRINT NAME **DATE**

*Delete as needed

4. Consent to Information Sharing and Data Protection.

Arthros will hold successful applications for one full financial year after they have been received. All medical information will be destroyed and no record of this will be kept on the database. All unsuccessful applications will be destroyed within a month of the meeting at which they are discussed. We will hold a record all applicant's names and addresses, grant given (amount) or declined, for funds given for goods, and the organisation who made the application on your behalf, for 5 years, so that if further applications are made in that time, we are aware of your funding history with Arthros and are able to compile statistics relating to our grant-making.

Information regarding your application will be shared for the following purposes: -

- To ensure that all those involved in the grant application process, including Trustees, Organisations applying on client's behalf and other funders are aware of funding offered and with what conditions.
- To facilitate administration of grant given

It is important that your written permission is gained so that agencies are aware you agree. All information gained will be treated in strict confidence. Please sign as below if you are happy for information to be shared as needed.

Applicant Signature **Date**

Goods will be purchased on your behalf; your information will be shared with the nominated supplier. You have a right to remove, delete, or amend the data we hold on you at any time and can do this by contacting Arthros: admin@arthros.org.uk

I hereby give consent for Arthros to share, store and be given information by any relevant agencies involved in my grant application.

Applicant Signature

Print name

Date

Please complete section 5 below and then

Please email your completed forms to us at: - admin@arthros.org.uk

Or by post to Arthros Ltd, c/o RISC, 35-39 London Street, Reading RG1 4PS

5. Arthros Equality and Diversity Monitoring (Optional & Confidential).

Arthros Ltd is committed to promoting equality, inclusion, and fair access to our grants.

Completing this section is entirely voluntary and will not affect your application.

Responses are stored separately and used only in anonymised form to help us understand who we are reaching within our local community.

If you have any questions, please contact admin@arthros.org.uk

1. Gender

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer to self-describe: _____
- ☐ Prefer not to say

2. Disability or long-term health condition

Do you consider yourself to have a disability or long-term health condition that affects your daily life?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

3. Living situation

Do you regularly receive help from a carer, family member, or friend at home?

- ☐ Yes, regularly
- ☐ Occasionally
- ☐ No, I manage independently
- ☐ Prefer not to say

4. Ethnic group

Which of the following best describes your ethnic background?

- ☐ White
- ☐ Mixed or multiple ethnic groups
- ☐ Asian or Asian British
- ☐ Black or Black British
- ☐ Other ethnic group
- ☐ Prefer not to say

Thank you for taking the time to complete this form.

Your responses will help Arthros ensure our grants and support are reaching people across all parts of the community.

Please email your completed form to admin@arthros.org.uk

or post to **Arthros Ltd, c/o RISC, 35-39 London Street, Reading RG1 4PS**