ARTHROS Ltd
Charity Number 1173724; Company number 10711932.
C/O Risc, 35-39 London Street, Reading, Berkshire RG1 4PS.
Tel 01183 702177

ARTHROS SMALL GRANT APPLICATION FORM (Form B1)

Arthros Grant Programme Policy Version 1.0 – May 2026

This form is for individuals applying for a Small Grant for practical items or equipment that may make everyday life easier, safer or more comfortable. We have tried to keep the form simple and only ask for enough information to assess your request.

Applicants may normally only submit one grant application within a 12-month period.

First, we need to check that applicants are eligible for Arthros Grants. Please complete the following as appropriate.

Individual Applicant Eligibility. Please confirm that:

Your main residence is in the Reading or Wokingham area?	**YES** ☐
You are aged 18 or over?	**YES** ☐
You have a diagnosis of arthritis	**YES** ☐

If the answer is YES to all 3 questions, please proceed to SECTION 1.

1. About you / the applicant: -

Details about the individual applicant:

Full Name		Date of Birth	
Address		Post Code	
Time at this address			
Email			
Telephone number			
Mobile number			
What type of Arthritis do you have?		When were you diagnosed?	

Employment status In work ☐ Not working ☐ Retired ☐

Do you have any special communication requirements (for example language / hearing / sight impairment) that you would like us to be aware of? Please give brief details.	
If YES to the above, how would you like us to contact you?	

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IMPORTANT: If you are applying for a grant on behalf of someone else, please fill out the following including your relationship to the applicant (e.g. family member, friend, support worker, charity worker, social prescriber, occupational therapist):

Full name	
Your Role or Relationship with the Applicant?	
Contact Details	

This form must be completed in conjunction with them and signed by both you and the Applicant.

2. What aids will help you?

1	**What do you need a small grant from Arthros to fund**? *For example, easy grip cutlery; personal hygiene equipment, or other aids.*
2	**Why do you need these items?** *For example, you were advised by an NHS professional, the Item is not supplied by NHS, you can't afford it, or some other reason - please explain.*
3	**What tasks are you struggling with while living with arthritis?** *For example, do you struggle holding kitchen items or struggle with walking or gardening?*
4	**What difference will the item / aids make to your daily life?** *For example, will it help you cook your own meals or help you get out of the house on your own?*
5	**Is there any other information you can tell us about how living with Arthritis affects you or would like to share?**

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Arthros may occasionally request additional supporting information where this is considered necessary to help trustees assess the application fairly and appropriately. Please indicate your preference for communication?

Phone ☐ Email ☐ **Post** ☐

3. Items you would like us to purchase for you?

List the items us to purchase below, including the supplier's name, item number or catalogue code, and contact details including website and email address if possible. Where possible, we have preferred suppliers but if that is not possible, give the details of your alternative supplier.

ITEM	ITEM CODE	DESCRIPTION	COST (inc VAT)

Preferred Suppliers

Ableworld ☐	www.reading.ableworld.co.uk - *shop @ 31, Boulton Rd; RG2 0NH*
CareCo ☐	www.careco.org.uk - *shop* @ 57, London Rd, Camberley GU170AA
Essential Aids ☐	www.essentialaids.co.uk – *Online only*

Alternative supplier's details (if possible)

Name	
Website	
Email	

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4. Declaration, Consent & Data Protection

Please read carefully before signing. Your application will be reviewed in accordance with the Arthros Grant Programme Policy and assessment procedures including our GDPR policy.

Arthros will hold successful applications for six years after they have been received. Records relating to unsuccessful applications will normally be retained for up to 12 months following notification of the outcome. Information may be retained for monitoring, funding history, governance and grant administration purposes in line with Arthros policies including data protection and GDPR.

Information relating to your application may be shared where necessary with those involved in administering or assessing grants, including Arthros Trustees, organisations supporting your application and nominated suppliers or providers where funding is approved. All information will be treated confidentially and managed in accordance with Arthros data protection arrangements.

Where approved, goods, activities, courses and / or services will normally be arranged directly by Arthros with the relevant supplier, provider or organisation. Please ensure the contact and delivery information provided is accurate.

By signing below, I confirm that (please read and tick all boxes):

- ☐ The information provided in this application is true and complete to the best of my knowledge and belief.
- ☐ I understand how my information may be used, stored and shared for the purposes of processing and administering this grant application.
- ☐ I give consent for Arthros to obtain, store and share relevant information where necessary in relation to this grant application.
- ☐ I understand I can request access to, correction of, or deletion of information held by Arthros by contacting: admin@arthros.org.uk

Applicant Signature	
Print Name	
Date	

Declaration for Person Assisting with this application (if applicable). I confirm that I have supported the applicant to complete this form and, to the best of my knowledge, the information recorded reflects the applicant's views and circumstances.

Person Assisting Signature	
Print Name	
Organisation (If Applicable)	
Date	

Please return your completed application by email to admin@arthros.org.uk or by post to **Arthros Ltd c/o RISC, 35–39 London Street, Reading, RG1 4PS.**

Please complete the optional Equality and Diversity section below (Section 5), if you wish to do so.

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5. 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. How would you describe your gender?**
   Male ☐ Female ☐ Non-binary ☐ Prefer not to say ☐
   Self-describe

2. **Disability or long-term health conditions. 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 support from a carer, family member, friend or support service?**
   Yes, regularly ☐ Occasionally ☐ Prefer not to say ☐
   No, I manage independently ☐

4. **Ethnic group. Which of the following best describes your ethnic background?**
   White ☐ Asian / Asian British ☐ Black or Black British ☐
   Other ethnic group ☐ Mixed or multiple ethnic groups ☐
   Prefer not to say ☐

5. **Age. What age group do you fall into at the time of application?**
   18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐
   55-64 ☐ 65-74 ☐ 75+ ☐ Prefer not to say ☐

6. **Finally, how did you hear about Arthros?**
   GP / NHS ☐ Charity group ☐ Community group ☐
   Website ☐ Social media ☐
   Other

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.

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