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

ARTHROS STANDARD GRANT APPLICATION FORM (Form B2)

Arthros Grant Programme Policy Version 1.0 – May 2026

This standard application form is for Individuals, charities and related groups or community organisations applying for one of the following grants:

- **Activity & Community Grant (Supporting Wellbeing).** Activity & Community Grants fund structured activities, courses, services or group-based support that help individuals manage their condition, improve mobility, and enhance wellbeing.
- **Large Grant (Promoting Independence).** Large Grants provide higher-value funding for significant, high-impact interventions in exceptional circumstances where an individual's independence or quality of life is substantially affected.

Individual applicants applying for the ARTHROS SMALL GRANT (Practical Support Items typically up to the value of £200) should use the Arthros Small Grants (Form B1) that is available online on the Arthros Website). Please note, **Arthros DOES NOT typically give cash or financial reimbursements direct to individuals – Arthros pays the provider of the goods, activity or service directly on the Applicants behalf.**

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.

Charity or Community Organisation Eligibility. Please confirm that your organisation:

Supports adults living within the Reading or Wokingham area?	**YES** ☐
Exists for the benefit of local adult Reading residents?	**YES** ☐
Supports local people **including** those living with arthritis?	**YES** ☐

If the answer is YES to all 3 questions, please proceed to SECTION 2.

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1. Individual Applicant Details

This section is for individual applicants only

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?	

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.

Now, individual applicants should go directly to Section 3

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2. Charity / Community Organisation / Group Applicants

This section is for group applicants only.

Name of your organisation	
Purpose of your organisation	
Date founded	

Are you a registered charity? YES ☐ Registered Charities Commission Number

Address of organisation	Post Code
Organisation Email	
Website	
Telephone number	
Mobile number	

Named contact	
Role at organisation	
Address if different to above	Postcode
Contact number	
Email	

Estimated number of people who regularly attend your events?

Estimated number of people supported whose participation or daily living is affected by arthritis?

Now, group applicants should go directly to Section 3

3. Reason for Application for a Grant from Arthros Ltd

Arthros offers a range of grants to help support people living with arthritis. This can include essential, practical support equipment or items, activities or services that promote health and wellbeing or support for organisations providing these activities or service to people living with arthritis.

In this section, please explain why you or your organisation are applying for support from Arthros Ltd and how the proposed items, activity, services or support will benefit people living with arthritis.

For smaller, simpler grant requests (typically less than £200), answers may be brief. For higher value or more complex grant requests, particularly applications by charities or groups, more detail will be required. In some cases, additional supporting evidence may be requested by Arthros to support your application. Examples of this are given at the end of this section.

For charities and community organisations - please answer these questions with reference to the people or members you support and how the proposed support, activity or equipment will benefit them.

What support, items, activities or services are being requested?

1	**What support, items, activities or services are you applying for?** *For example, an arthritis exercise course, adapted bathroom equipment, specialist gardening tools, mobility equipment, transport support, or a community wellbeing activity.*
2	**Why is this support needed and what barriers or difficulties does it aim to address?** *For example, a person may benefit from a course but cannot afford to attend, or a community group may need equipment so that members living with arthritis can participate more fully in activities.*
3	**What activities, daily living needs or wellbeing outcomes will this support help with?** *For example, helping someone maintain personal care routines, improve mobility, reduce isolation, manage pain, participate in social activities, or remain independent for longer.*

4	**What difference do you expect this support to make to independence, wellbeing or daily living?** *For example: helping someone remain independent, manage everyday tasks more easily, improve mobility or wellbeing, reduce isolation, or continue activities they enjoy. For groups or charities, this could include improving accessibility, reducing barriers, or helping more people living with arthritis participate in activities.*
5	**Any other information you can tell us about how living with arthritis affects their life?** *For example, how arthritis affects day-to-day activities, work, sleep, mobility, hobbies, confidence, caring responsibilities or social life. You may also wish to tell us about pain, fatigue, flare-ups, emotional wellbeing, or any challenges that make everyday tasks more difficult. For organisations or groups, this could include information about the needs of members, barriers to participation, or challenges affecting people living with arthritis within your community.*
6	**Please provide details of the costs for the support, items, activities or services you are applying for.** *This could include the cost of equipment, an exercise course, adapted tools, support services, transport, or a larger proposal from a charity or community organisation. Please include any supplier details, quotations, estimates, website links or pricing information if available, ideally using the form below. In some cases, Arthros may request additional quotations or supporting information. Final costs will be agreed with Arthros before any grant is approved.*

For the purchase of items or services IF APPLICABLE:

ITEM	ITEM CODE	DESCRIPTION	COST (inc VAT)

Your supplier's details

Name	
Website	
Email	

Alternative supplier's details (if possible)

Name	
Website	
Email	

Supporting Evidence (where appropriate)

For some applications, particularly those over **£200** or involving **Activity & Community Grants**, Arthros may request additional information to help trustees understand:

- how arthritis affects the applicant or people being supported
- whether the requested support, activity or service is suitable
- how the application meets the aims of the Arthros Grant Programme

Providing supporting information with your application may help reduce delays in the assessment process. However, trustees aim to apply a practical and proportionate approach and do not normally require formal medical evidence for all applications.

Examples of supporting information may include:

- screenshots or extracts from the NHS App or copies of clinic, hospital or GP correspondence
- confirmation of diagnosis, treatment or referral
- supporting information from a GP, consultant, nurse, occupational therapist, social prescriber or support organisation
- quotations, invoices or supplier information
- information about proposed activities, services or community need
- photographs or other practical information relevant to the application

Applicants are not normally expected to obtain a separate letter solely for the purposes of a grant application. Please note that some organisations or professionals may charge for non-clinical supporting letters or reports.

Evidence relating only to disability benefits, mobility entitlement or financial support may not always, on its own, be sufficient to demonstrate that the application relates specifically to arthritis or associated support needs.

Where additional information is required, Arthros may contact the applicant before a final decision is made.

Now go to Section 4

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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	
Organisation (If Applicable)	
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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