

Grants Fund

Who can apply? We accept applications from physically disabled people resident in Edinburgh and the Lothians.

How can I apply? You can download an application form from our Website www.ecas.scot, phone 0131 475 2344 or email hello@ecas.scot

What will funding be considered towards? Applications should be for something that will enhance the applicant's life. Past grants have been for: washing machines, fridge-freezers, cookers, lap-top, furniture, car adaptations, sheds, iPads, holidays, carpets. Funding will not be given for small pieces of domestic equipment. Grants cannot be made retrospectively. Grants to pay bills or debts will not be considered. Any application for funds for maintenance or repair for battery packs, power-chairs or scooters must be accompanied by evidence of third party insurance. Subject to exclusions, grants can be for anything not covered by statutory sources .

How much can I apply for and how often? Standard grants of up to £750 for grants; successful applicants can reapply after 2 years. Higher grants up to £1500; successful applicants can reapply after 4 years. Holiday Grants of up to £750; successful applicants can reapply after 2 years. Holiday Grants of up to £1000; successful applicants can reapply after 3 years. Grants above £1,500 will be considered on an exceptional basis.

Can applications be simplified? Some sections can be omitted by people in receipt of certain benefits, provided they enclose a copy of their award letter. If in doubt contact the Ecas office.

How long does an application take? Whenever possible decisions will be given within 8 weeks of receiving all the paperwork. If your form is incomplete or lacks enclosures we will need to resolve the issues and this may take some time but we regret that we cannot process any grant application until all relevant information is received.

Who can sponsor the application? Applications that require a sponsor may be sponsored by social workers, health visitors, district nurses, support workers, occupational therapists, physiotherapists or family doctors. If in doubt please call the Ecas office to check.

For a full list of frequently asked questions visit www.ecas-edinburgh or call the office and a copy can be posted out to you.

Other Ecas Services

Range of Activities

These are led by skilled group leaders and tailored specifically for physically disabled adults living in Edinburgh and the Lothians. They are held in various venues throughout the city.

Befriending Service

For people with disabilities which welcomes befriendees and volunteer befrienders.

For information on any Ecas activity or an application form visit www.ecas.scot or email hello@ecas.scot or tel 0131 475 2344

Grant Application



Ecas, Norton Park, 57 Albion Road, Edinburgh, EH7 5QY

TEL: 0131 475 2344 WEBSITE: www.ecas.scot

EMAIL: hello@ecas.scot

Applicants are warned not to make any commitment, financial or otherwise, prior to hearing the outcome of their application. Regrettably, Ecas does not have the resources to approve all the applications received, or to wholly fund many applications.

Personal Details (Compulsory)

Title *Mr/Mrs/Miss/Ms/Other *delete as appropriate

Forename Surname

Date of birth*

*(We need your date of birth in case we need to contact your doctor in relation to your application)

Address (including post code)

Telephone Number

Amount requested from Ecas £ Total Cost £

The grant would be used for the following – give as much detail as possible
If possible enclose a quote or a printout showing details of the item(s)

HOLIDAY APPLICATIONS – PLEASE GIVE THE FOLLOWING INFORMATION

Date of departure

Holiday Destination UK or Abroad

Income – IF you receive Income Support (IS), Pension Credit (PC) or Housing Benefit (HB) do not complete this page – instead send a copy of your most recent award letter

Only complete if you do not receive IS, PC or HB (see above)

Please give all amounts in weekly figures

	Applicant		Other Household Members	
	£	P	£	P
Please give amounts in weekly figures				
Earnings				
Attendance Allowance, DLA or PIP				
Incapacity Benefit				
Council Tax Benefit				
Housing Benefit				
Jobseekers Allowance or Employment Support Allowance				
Working Tax Credit				
Pension (retirement, Widows or Occupational)				
Child Benefit				
Guardian's Allowance				
Child Support Maintenance				
Investment income				
Other – please specify				
Total				

Expenditure Please give all amounts in weekly figures –
only complete if you do not receive IS, PC or HB (see above)

	Applicant		Other Household Members	
	£	P	£	P
Mortgage/rent				
Council Tax				
Gas & Electricity				
Telephone				
Food/Household				
Insurance				
Hire Purchase				
Rental (tv, video, etc)				
Loans				
Travelling Costs (Give details)				
Cable/Satellite/Internet/Television				
Child Maintenance				
Pension(s)				
Other (Please give details below)				
Total				

Details of impairment (Compulsory)

Please explain the applicant's impairment, the effect on the applicant and thus how they meet the medical criteria of Ecas as explained in the accompanying guidance notes.

Medical certificate:

This does not need to be completed if the applicant encloses a copy of their most recent DLA (Higher Rate) award letter. For ALL other applications including those awarded PIP (Enhanced Rate), this section must be completed by a GP or hospital doctor.

Please give details of the effects of the applicant's main disabling condition including duration and severity, plus any other factors relevant to this application. We regret that the following conditions do not meet the criteria for the Ecas Grants scheme: **Arthritis, back pain, cardio-respiratory conditions, obesity, psychiatric disorders, learning difficulties, behavioural disorders, developmental delay, Down's syndrome, autism, visual or hearing impairment, cancer, diabetes, HIV and epilepsy.** Please see the guidance notes on the front of the application for more information.

Doctor's full name
(please print)

Doctor's official stamp

Doctor's signature

Date

Notes to applicants

- Please allow up to 8 weeks for administration of a grant application
- Ecas will normally purchase the item direct from the supplier. Ecas will not give funds directly to the applicant.
- If Ecas is only partly funding an item Ecas will not release the funds until the rest of the money has been raised.

Sponsor's report - Not required if the applicant encloses an award letter for PC/IS/HB AND for DLA (Mobility at HIGHER rate). In all other cases including those awarded PIP (Enhanced Rate), this section is to be completed by the qualified professional supporting the application (e.g. social worker, health visitor, occupational therapist, community care assistant or physiotherapist). Please read the guidance notes carefully before completing. If you wish to submit information in support of this application please do so on a separate sheet.

I am satisfied that the particulars on this form are correct, that the applicant has the impairment described above, that the impairment meets the Ecas medical criteria and that this grant would be an appropriate use of charitable funds.

Name of Sponsor (please Print) Mr/Mrs/Miss/Ms	<input type="text"/>	
Organisation and Position	<input type="text"/>	
Address (including post code)	<input type="text"/>	
Telephone Number (including Code)	<input type="text"/>	email <input type="text"/>
Sponsor's Signature	<input type="text"/>	Date <input type="text"/>

Statements by Applicant (or parent or guardian if applicant is under 16) (Compulsory)

1. I accept the Client Data Protection Notice:
Ecas will use the information that you supply on this form, including information about your health and finances, to assess your eligibility for our services and to administer our client records. By signing and returning this form, you consent to Ecas processing your data for those purposes. You also consent to us contacting your doctor (or other medical professional whose details you provide) and sponsor for further information in relation to your application.
2. I confirm that the information I have provided is accurate to the best of my knowledge.
3. **(Delete if inappropriate) I last received a grant from Ecas in** **(MM/YYYY).**
4. Children's capacity statement: Your parent or guardian must sign this form on your behalf if you are under 16 years of age.

Applicant's or Parent's Signature	<input type="text"/>	Date	<input type="text"/>
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