

Brighton & Hove Mencap Activity Grant

- This activity grant is available for people with a learning disability who live within the Brighton and Hove area. Please see the limits of the area at the end of the form.
- The amount normally offered is £200. This can be used to enjoy activities at home, days out or put towards a holiday.
- The information in this form will be treated confidentially and will not be shared with any other organisations.
- If you have any questions about the form, please get in touch by email - brighton.mencap@hotmail.co.uk or call 01273 479620

About the applicant

This section is about the person with a learning disability, whom the grant is for.

First Name

Surname

Date of Birth/...../..... **Gender**.....

Address

.....

.....

..... Post Code

Condition or diagnosis (if known)

.....

Please tick any of the following that currently apply

Special Educational Needs Co-ordinator (SENCO)

Specialist medical report outlining learning disability

Personal Independence Payment due to learning disability

Type of Residence

Independent Supported Living Shared Lives Scheme

Family Home Residential Home Other

Use of the grant

Please let us know what you would use the grant for:

.....
.....
.....
.....

Have you received a grant from us before?

Yes No

If yes, when was the most recent? (Year)

Details of person completing the form

If you are completing the form for yourself, please leave this section blank.

If you are completing this form on behalf of the applicant, please provide your name, relationship to the applicant and contact phone number.

Name

Relationship to the applicant

Contact number:

Declaration

I confirm that the information given in this application is accurate.

I understand that my data will be kept by Mencap Brighton-Hove in order to provide the grant. It will be treated confidentially.

Signature **Date**/...../.....

Person supporting the application

Please provide the details of someone who knows you and is able to support your application as a professional. We may contact them to ensure that the grant is appropriate.

This application is supported by:

Support worker Carer Social Worker Community Nurse

Teacher Other

Name

Signature **Date**/...../.....

Address

.....

.

..... Post Code

Phone number **Email**

Thank you for completing this form.

Please send to:

**The Treasurer
Brighton & Hove Mencap Activity Grant
6 Brangwyn Drive,
Brighton
BN1 8XD**

Or email to: brighton.mencap@hotmail.co.uk

We will contact you to further discuss the grant and to arrange transfer of the grant if your application is successful.

Catchment area:

East: Up to and including Saltdean and Telscombe

North: Up to and including Edburton, Poynings and Fulking

West: Up to the River Adur

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