

**MYOTONIC DYSTROPHY SUPPORT GROUP
GRANT SCHEME FOR MEMBERS**

APPLICATION FORM

If you are completing this form by hand and require more space, please use separate pages for this. You do not have to be 'restricted' by the size of the form.

Please read through the attached Scheme Criteria carefully, before completing this form.

Applicant Name, and contact details

Name	
Address	
Phone number	
Email address	

Paid up member's name (i.e. who will receive the funds) – if not the Applicant.

Write 'As before', if appropriate.

Name	
Address	
Phone number	
Email address	

Describe what the funding is to be used for. [NB See the attached criteria for expenditure that is not covered by this Scheme.]

Describe the issues currently being faced by the Member. You may wish to consider, amongst other things;

Mobility

Myotonia

Cognitive

Personal Care

Communication

Describe the support you have received for the grant from medical or other professionals. You may wish to include, amongst other things;

- Name of professional
- Organisation
- Attach written confirmation
- Provide full details of other sources of funding being pursued, such as the NHS and Social Services
- Confirm that funding is not available elsewhere for the purpose that is needed.

Describe how the Member would benefit from the funding. You may wish to consider the following;

- Improvements in day to day life
- New activities that are possible
- Benefits for other household members

Further details on the planned expenditure. You may wish to consider the following;

- Total anticipated cost; Written quotations
- Maintenance costs – how will these be covered?
- Other sources of funding being sought, or that have been applied for

Any other information that you feel is of value, in support of your application.

**Once completed, return to the Support Group along with all supporting documents.
This can be done through the post, or via email to;
contact@mdsguk.org**