

## GUIDANCE NOTES FOR APPLYING FOR EQUIPMENT

### WHO CAN APPLY?

We welcome applications from or on behalf of children and young people up to their 25<sup>th</sup> birthday, who need specialist mobility equipment or a wheelchair to help them become more independent. The child or young person must be resident in the UK.

### WHAT YOU CAN APPLY FOR

We can supply powered, manual, off road and sports wheelchairs. We can also fund other mobility equipment for specific purposes including specialist trikes, scooters, buggies, walkers and car seats. This list is not exhaustive and if you are unsure, please look at our website ([www.my-afk.org](http://www.my-afk.org)) or contact our Mobility Services Team on 020 8347 8111 or [mobilityservices@my-afk.org](mailto:mobilityservices@my-afk.org).

**We will only provide aids that are not normally available through the NHS.** Wherever possible we ask Wheelchair Services to provide vouchers or part funding towards chairs.

We **will not** consider funding for equipment that has been purchased already. We encourage part funding with other charities and welcome contributions from families' own fundraising efforts.

We do **not** fund equipment that will be housed at school, college, or a community group.

### HOW DO I APPLY?

Please read this information carefully before completing your form. If you are a parent or carer please try (where possible) to complete this application form together with the child or young person who will be using the equipment, particularly when answering questions about their life experiences or interests.

#### Step 1

Before applying to us you will need to arrange an equipment assessment for the applicant with a supplier(s) and an occupational therapist or physiotherapist.

For equipment costing more than £1,500, we usually ask that the applicant has two assessments and sends us two quotations for different brands of equipment, that offer similar functions and that meet similar needs. This is regardless of whether you are contributing to the cost of the equipment. There are several companies that provide equipment from a range of brands and if you would like some suggestions on how to access an assessment, please feel free to contact us. The applicant's physiotherapist or occupational therapist should provide a letter setting out why they need this specific brand and model of equipment and the functions and benefits it offers.

For specialist trikes, my AFK works closely with Theraplay Trikes UK (the preferred provider for a range of charities). We usually like one of the quotes to come from Theraplay, say if the applicant has already had an assessment with Quest 88 or Tomcat.

*my AFK usually funds the less expensive of the two pieces of equipment, unless the therapist confirms that it does not meet the applicants' needs.*

## Step 2

You can download the application form, save it, fill it out on your computer and email it back to us. If you prefer, you can print it and post it to us.

## Step 3

Return the completed **application form** together with the **quotation/s** and the **therapist's supporting letter**. It can often be helpful to us to have a **photograph** of the applicant, for example, to help with fundraising appeals.

You can return these by scanning and e-mailing them as separate documents to:  
[mobilityservices@my-afk.org](mailto:mobilityservices@my-afk.org)

Or post them to:  
Mobility Services  
my AFK  
Ability House  
15a Tottenham Lane  
London  
N8 9DJ

REF:

*(For office use only)*

**my AFK**  

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**working with disability**



**APPLICATION FORM**  
**for**  
**MOBILITY EQUIPMENT**



## Application for Mobility Equipment

If you are completing the form on your computer, please save it first. Read the Guidance Notes including details about what information is required before you complete your application.

### A. Details of person requiring equipment

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1. First name: \_\_\_\_\_ Last name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ 4. Gender: \_\_\_\_\_

5. Applicant's NHS number: \_\_\_\_\_

6. Contact name: \_\_\_\_\_

7. Relationship to applicant: \_\_\_\_\_

8. Contact address if different from applicant's address:

\_\_\_\_\_ Postcode: \_\_\_\_\_

9. Contact email (please write it clearly): \_\_\_\_\_

10. Contact telephone number: \_\_\_\_\_

11. Contact mobile number: \_\_\_\_\_

12. What is the name of the applicant's main condition(s) or disability?

\_\_\_\_\_  
\_\_\_\_\_

13. Does the applicant live with their parents/guardians most of the time?

YES  NO  If NO to question 13, please give details:

a) Contact name: \_\_\_\_\_

b) Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

c) Contact email (please write it clearly): \_\_\_\_\_

d) Contact telephone number: \_\_\_\_\_

e) Contact mobile number: \_\_\_\_\_

14. How did you hear about our charity?

\_\_\_\_\_



## B. Details of medical and therapy contacts

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### 1. GP OR PEDIATRICIAN

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

### 2. OCCUPATIONAL THERAPIST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

### 3. PHYSIOTHERAPIST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

### 4. If the applicant has not had an assessment in relation to the equipment applied for, please explain why.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## C. Your family and finances

It is useful to have some information on your family and financial circumstances to ensure we are serving children and young people most in need of support.

### 1. Please tell us who lives at home.

Relationship to applicant	First Name	Last Name	Date of birth	Registered disabled YES/NO	Occupation

### 2. Household income and savings.

Please tick boxes which apply:

Total annual income	Total savings
Under £25,000	Under £1000 (if none please state)
Over £25,000 (show total gross figure)	£1000 to £5000
	£5001 to £10,000
	Over £10,000

### 3. Does any of the income include state benefits?

YES  NO

If YES, how much per year? (Please note you may be asked to provide proof of your income) \_\_\_\_\_

### 4. Residential status (if other, please state):

OWNER  TENANT  OTHER (please state): \_\_\_\_\_

### 5. Is the applicant pursuing or in receipt of compensation related to their disability? YES NO



## D. Equipment

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Please include a quote from a supplier. If the equipment costs **over £1500**, you will need **two** quotes (See Guidance Notes).

**1. What equipment are you applying for? (make, model etc.)**

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**2. What is the total cost of equipment?** \_\_\_\_\_

**3. How much are you contributing towards the cost?** \_\_\_\_\_

**4. How much are you requesting from my AFK?** \_\_\_\_\_

**5. Have you approached any other organisation for the equipment you are applying for?** YES  NO

If YES or you plan to, please give details/outcome: (Please also include copy of confirmation letter/offer)

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**6. We can support in fundraising at least part of the cost of the equipment from other charities and local businesses. Are you happy for someone to contact you about this?**

YES  NO

**7. For equipment costing more than £2500, we need additional financial information from the applicant or their family. Please complete Section F of this application.**

**8. If you are applying for a car seat, does the applicant have a registered Motability car?**

YES  NO



**PLEASE ANSWER QUESTIONS 9 to 12 IF YOU ARE APPLYING FOR A WHEELCHAIR.**

Please note: For those applying for powered wheelchairs, AFK will take responsibility for funding all maintenance and wear and tear repairs for the life of the chair (usually around seven years) or until it is not economically viable to do so.

**9. Have you approached the NHS for a wheelchair voucher?**

YES

NO

If YES, please include a copy of the confirmation letter/offer/voucher.

If NO, please tell us why you have not applied. \_\_\_\_\_

**10. What is the name and telephone number of the applicant's local NHS Wheelchair Service?**

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It is likely my AFK will contact the Wheelchair Service to seek clarification about voucher support for the applicant.

**11. Does the applicant have a wheelchair already?**

YES

NO

If YES to question 11:

a) Is this an NHS or privately funded chair? \_\_\_\_\_

b) Is this a manual or power chair? \_\_\_\_\_

c) Please give the reason why a new one is required. \_\_\_\_\_

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**12. Please tell us which make of wheelchair the applicant currently uses and how old it is.**

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## F. Additional Financial Information

Please complete this section if the equipment you are applying for is over £2500. This information will *only* be used to aid in further fundraising efforts, which will include approaching other charities and organisations for pledges of support.

HOUSEHOLD INCOME	MONTHLY TOTAL	HOUSEHOLD EXPENDITURE	MONTHLY TOTAL
1st Parent/Guardian (net) Wage		Rent	
2nd Parent/Guardian (net) Wage		Mortgage	
Disability Living Allowance / PIP		Maintenance/Child Support	
Carer's Allowance		Childcare	
Child Tax Credit		Secured Loans	
Child Benefit		Gas	
Maintenance/Child Support		Electricity	
Housing Benefit		Water	
Income Support		Council Tax	
Council Tax Benefit		TV Licence	
Working Tax Credit		Telephone	
Jobseeker's Allowance		Mobile Phone	
Employment and Support Allowance		Satellite/ Cable (Sky, Virgin)	
Statutory Sick Pay		Broadband/Internet	
Maternity Allowance		Appliance Rentals/ HP	
Statutory Maternity Pay		Vehicle costs (e.g. tax, insurance, DLA Motability)	
Student Loan/ Grant		Fuel	
Pension		Public Transport	
Family Allowance		Sundries/ Food	
<i>Any additional income:</i>		Clothing/Footwear	
		Meals/Trips	
		Leisure Activities/Memberships	
		Student Course Costs/Tuition Fees	
		Private School Fees	
SUBTOTAL		Treatments/Therapies	
Savings (Total To Date)		Other*	
Total including savings		TOTAL	



## G. Monitoring

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This information will help us to monitor our services and ensure we reach all sections of the community.

### 1. Please tell us your ethnic origin. Tick one box only and state where appropriate.

#### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other Asian Background:

\_\_\_\_\_

#### Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background:

\_\_\_\_\_

#### Black or Black British

- Caribbean
- African
- Other black background:

\_\_\_\_\_

#### Chinese

- Chinese
- Other Chinese background:

\_\_\_\_\_

#### White

- I do not wish my ethnicity to be recorded

- British
- Irish
- Gypsy or Traveler of Irish heritage
- Other white background:

\_\_\_\_\_



## H. Data protection

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my AFK will use the information you have provided in this form to process your request for equipment, including contacting therapists, medical professionals and relevant staff. Personal information in this form will be stored electronically and/or as a hard copy and will be used only for the purposes relating to your application for equipment as well as to monitor and develop the quality of our service.

The only exceptions to this are:

- If you have given permission for your/the applicant's personal information to be used for publicity purposes.

And

- For my AFK to approach other funding agencies to raise money for your/the applicant's requested equipment.

If you would like more information about our privacy policy, please visit [www.my-afk.org/policies](http://www.my-afk.org/policies) to view it. If you would like us to send you a copy of the updated privacy policy by post or if you have any questions about the policy, please send us an email on [info@my-afk.org](mailto:info@my-afk.org) or call us at 020 8347 8111.

## I. Media Consent

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From time to time we approach other organisations or charitable trusts as potential sources of funding for a specific applicant's piece of equipment. Seeking funding in this way means that we need consent to share information which may identify an applicant or their family with those organisations.

Our fundraising campaigns, press coverage and publications help us to raise funds. Therefore, it is often helpful to use real case studies of children and young people who have received equipment. These might include identifying information such as a name, photo, medical condition or quotes about their experiences.

If you are happy for us to use information you have supplied in the ways described above, please indicate your consent by ticking the boxes below.

- I consent to information (including photographs) about me/the applicant being shared with another organisation or charitable trust for the purposes of seeking funds for my child's equipment and updating an existing third party funder.



I consent to the use of information (including photographs) about me/the applicant that I provided to my AFK in this application form to be used in fundraising materials and press coverage - including appearing on our website, social media, posters, leaflets, newsletters and updates to supporters.

Withholding consent will not affect whether your application will be approved. However, agreeing consent might have an impact on your waiting time as it sometimes enables us to run appeals or approach specific organisations to raise funds more quickly. **You can withdraw your consent at any time.**

This form **must** be signed by the recipient of the equipment applied for, if the young person is age 16 or over and has the capacity to do so.

my AFK would like to contact the applicant or parent/carer about my AFK news and events. Tick the box if you agree to receive occasional emails from us (you can unsubscribe at any time).

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**Applicant's Signature**

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**Print name**

**OR**

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**Signature of parent/legal guardian**

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**Print name**

*(If the child is under 16 or if the applicant does not have the cognitive or physical capacity to do so.)*

**Signature** (if filling out the application on the computer and emailing, please tick  the box):

**Please note that by ticking this box you are signing the document electronically. It is equivalent to your handwritten signature.**

## **J. Contract Agreement**

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In signing this agreement you are confirming that:

- This information given on this form is correct and complete.
- You have read and agreed with my AFK Terms and Conditions and Privacy Policy.
- my AFK may request any information from the people or organisations named in this application form.
- You are authorised by the applicant to give consent to the processing of the personal data supplied in this application form.
- my AFK will hold and use your/the applicant's personal information for the purposes of processing this grant application.
- If you have given consent, you agree to the purposes for which my AFK will use



- the applicant's photograph and details for fundraising purposes.
- **Within four weeks of receiving the equipment, you will provide a photo or video and a couple of sentences of feedback about the impact it has had on the applicant's independence** (Unless you have not provided consent on p10).

**Signature of applicant** (*If applicant is under 18 should be signed by parent or legal guardian*):

\_\_\_\_\_

**Signature** (*if filling out the application on the computer and emailing, please tick the box*):

**Please note that by ticking this box you are signing the document electronically. It is equivalent to your handwritten signature.**

**Date:** \_\_\_\_\_

## K. Feedback

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**We are trying to improve our application form to make it as easy and accessible as possible. We would like to hear any feedback on your experience of the application form and the process:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## L. Checklist

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- Have you completed **all** sections of the application in full?
- Have you signed the Consent Form **P10** and the Agreement **P11**?
- Have you attached a recent **photograph** of the applicant?
- Have you attached a **supporting letter** from a physiotherapist or occupational therapist?
- Have you attached a **quote** for the equipment?
- If your equipment costs more than £1500, have you enclosed a second quotation for a different make and model which offers similar functions?
- If the equipment you are applying for is over £2500, have you completed Section F - additional financial information?
- If you have selected the higher priced option, has your physiotherapist or occupational therapist explained why?

## M. What happens next?

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When we receive your application, we will read it carefully to check that it is complete and that you are eligible for funding from us.

We will contact you within a couple of weeks to let you know whether or not we can help or whether we need more information from you to enable us to make a decision.

If your application is approved, you will join our waiting list and our fundraising team will get to work raising donations for your equipment. Wait times for items under £3000 are usually around 3-6 months. However, wait times for a power chair are usually around 6-9 months, sometimes a little longer.

You can, of course, contact us at any time to check on progress. You can email us at **[mobilityservices@my-afk.org](mailto:mobilityservices@my-afk.org)**