



## Grant Application Form

VICTA  
 PO Box 5791  
 Milton Keynes  
 MK10 1BE  
 Tel: 01908 240831  
[Email: admin@victa.org.uk](mailto:admin@victa.org.uk)

This form must be completed, hand signed and returned to VICTA

- Please complete all sections as fully as possible.
- Please note VICTA cannot provide items for use in school/college.

### Part 1. About the applicant

Title:	First name:	Family name:
Date of Birth:		Age:
		Sex:
Name of Parent/Guardian (if under 18)		
Title:	First name:	Family name:
Home telephone no:	Mobile/ Work no:	Email:
Address:		
Postcode:		
Registered blind/partially sighted/severely sight impaired: <small>(a copy of your registration documents will be requested if you're successful)</small>		Date registered:
Eye condition:		
Any other conditions:		
Please tick here if you wish <b>NOT</b> to be added to the VICTA mailing list		
School/ College/University/ Employment details of applicant		
Name:	Date started:	Date of leaving (if applicable):
Address:		
Postcode:		
Local LEA, if still in education:		

**Part 2. Contact details of supporter (this section is optional)**

Title:	First name:	Family name:
Profession / job title:		
Work telephone no:	Mobile no:	Email:
Work Address:		
Postcode:		
In what capacity do you know the applicant and for how long have you known them?		
We require supporters to make a brief statement outlining what items they believe the applicant requires and why. This can be in the form of a covering letter attached separately or in the space provided here (please continue on another sheet if necessary)		
Please tick here if supporters statement is on/continued on a separate sheet/letter. <input type="checkbox"/>		

VICTA Children Limited

### Part 3. Grant Information

Are you applying for one (or more) of the following (Please tick)			
Jaws  Supernova  Lunar  Zoomtext	Hal  Laptop Computer <small>(VICTA Spec)</small>  Desktop Computer <small>(VICTA Spec)</small>		
If the item you require is not listed above please complete the following:			
Item	Purpose of request	Cost	Price quoted from
Example: Sensory toys	To stimulate the applicant when at home	£895	Rompa
<b>Total cost:</b>			

## Part 5. Finance

Will you be able to contribute towards the cost of this item?

If you have answered YES please state how much you would be willing to contribute:

Have you asked any other grant giving organisation for assistance with purchasing this item?  
YES / NO

If YES please complete the section below

Name of organisation	Contact number	Support received	Please provide details of any support approved or date sent if pending

If you have applied to more than six organisations' please list the rest on an extra sheet.

Have you applied to VICTA in the past?

If YES, when and what for? Please also state the reference number of previous grant if known (this could speed up your application)

If NO, how did you hear of VICTA?

<p>Sight Village</p> <p>word of mouth</p> <p>Internet (please specify e.g Twitter,google etc)</p>	<p>VI Specialist/Professional</p> <p>Other Charity</p> <p>Other (please specify)</p>
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Have you applied to any charities, trusts or organisations for a similar item in the past five years YES / NO			
If so, what did you apply for and what assistance did you receive?			
Organisation applied to	Item applied for	Date	Support received

Are the family in receipt of benefits? YES/ NO	
If yes, please state the benefits you receive:	
Income Support Disability Living Allowance (Care) Disability Living Allowance (Mobility) Incapacity Benefit Severe Disablement Allowance Council Tax Benefit	Child Benefit Job Seekers Allowance Housing Benefit Pension Family Tax Credit Disability Tax Credit other
What is the annual household income?	
Under £15,000	£25,001 - £30,000
£15,001 - £20,000	£30,001 - £40,000
£20,001 - £25,000	£40,001 or over

**Part 6. Grant form completed by:**

Title:	First name:	Family name:
Relationship to applicant:		

## **Part 7. Declaration**

This section must be signed by the applicant if they are 18 and over or by the parent/guardian if under 18.

I declare that the information provided on this form is complete and correct. I understand that information given will be held under the terms of the Data Protection Act.

I agree that VICTA can use the information I have supplied on this form, including details about my sight condition in order to deal with my grant application and provide me with information of other support services

I agree that VICTA may discuss the information given on this form with other organisations who may be asked to provide relevant information, goods and services or assist with this grant.

I agree that VICTA if required can request information related to this grant from other organisations.

I have completed the required forms and enclosed copies of the requested paperwork.

I understand that this form is a request for a grant to be considered by the Trustees of VICTA and that the Trustees decision is final.

I understand that if funding is approved VICTA is not required to provide payment towards the upkeep of this equipment, including replacement, maintenance, insurance, extended warranties etc. Any such undertaking shall be the responsibility of the beneficiary, parent, legal guardian or other.

I agree that if funding is approved and at a later date the recipient no longer requires this equipment I promise to inform VICTA of this so they can decide if the equipment should be passed on to another young person in need of such equipment.

I consent to have any photographs/thank you letters that I send to the charity used for publicity purposes, including online and in printed documents

**By signing below you are confirming you have read, understand and agree to the above declaration.**

Print Name:	
Signature:	Date:
Relationship to applicant:	

**If you have any queries about this form please contact us on**  
**[01908 240831](tel:01908240831) or [admin@victa.org.uk](mailto:admin@victa.org.uk)**

Please return completed forms to:  
VICTA, PO Box 5791, Milton Keynes, MK10 1BE.