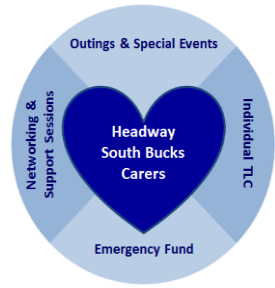


Headway South Bucks Emergency Fund Information & Application Form



Name of Applicant:	
Address:	
Post Code:	
Telephone Number:	

Amount Requested:	£
--------------------------	---

Reason for Application:

	Yes/No
Are you resident in the UK?	
Are you a Headway South Bucks' existing Client?	
Are you a non-paid Carer or immediate family members (involved in the care of an HSB ABI Client(s)/Service User)?	
Are you an advocate working on behalf of the Client/and or Carer?	
Are you a member of the ABI survivor's immediate family?	

Criteria:

- Only one application per survivor of a brain injury can be considered.
- No other applications have been made for the same person within the last 12 months.
- The beneficiary of any award will be:
 - a non-paid carer of Headway South Bucks
 - an existing Client,
 - a member of the ABI survivor’s immediate family

The maximum amount of any award is £500.

Grants of up to £500 to provide support for:

- Travel costs for families visiting relatives in hospital or rehabilitation
- Families facing financial hardship
- Emergency accommodation costs
- Additional family costs in the **immediate aftermath** of brain injury
- The application should be for a genuine, specific need (for example to meet reasonable costs associated with an acute situation related to a deterioration in the condition of the client (service user)/carer or family member) and when other avenues have been explored/exhausted

Signature of Applicant:		Date:	
--------------------------------	--	--------------	--

HSB will review your application against the criteria listed above. Confirmation in writing will be sent to you **within 5 days** of receipt of your application and the Committee’s decision is final.

Internal use only:

Approval granted	Yes		No	
If yes, detail criteria				
If yes, amount granted	£			
If no, reason				

Trustee Approval:		Date:	
--------------------------	--	--------------	--