



**BRAIN
INJURY**
CHARITY

SUPPORTING BRAIN INJURY **RECOVERY**



REQUEST FOR FUNDING APPLICATION

3 Million Steps is a Charity whose aims are to help support survivors of acquired brain injuries and their families/carers to continue their recovery by funding services or activities.

Please complete all sections of this form giving as much detail as possible to support your application. Please get someone to help you with this application if needed.

All information disclosed will only be used in support of this application and will be dealt with in the strictest of confidence and in line with GDPR, and the 3 Million Steps privacy policy. If necessary 3 Million Steps reserves the right to contact you or anyone named on this application for more information.

By completing this application, you are not guaranteed to receive funding. If your application is rejected then we will advise you why your request has been denied.

Please return your completed application to:

Funding Applications, 3 Million Steps, 9 Lorne Park Road, Lowestoft, NR33 0RD or info@3millionsteps.org



Section 1 - Personal Details

Name			
Address			
DOB			
Email			
Daytime telephone			
Mobile			
Preferred method of contact	Email	Telephone	Mobile
Have you acquired a brain injury in the last 5 years	Yes		No
Are you receiving any other funding at this time ie NHS, private insurance, PIPs etc	Yes		No
If yes to above question please give details			
Is this request for a brain injury survivor or a carer/family member of a brain injury survivor?			
Relationship to brain injury survivor. ie Family member, carer if applicable			



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Section 2 – Support Details

Name of Provider	
Address	
Email	
Telephone	
Details of support to be provided. Please included as much detail as possible: (if needed please continue on another sheet)	
Cost of support per unit	
Duration of support if a service	
Total amount of funding requested	



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Section 2 – Support Details cont.

Please explain what benefit this support will be to you. (Continue on another sheet if necessary)



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Section 3 – Supporting evidence

Please supply details of a medical professional who will be able to supply a short report detailing your condition and what benefit the activities you are seeking funding for will be to you. If possible please attach the report to your application.

Name	
Professional address	
Position held	
Email	
Contact number	



Please initial each of the following statements to show your agreement.

- If the application is successful I accept that funding will be paid directly to the supplier of the service. I Understand that It will be my responsibility to arrange the provision of this service.
- 3 Million Steps will require a report from the service provider at the end of the funding period for our internal records. I consent to persons named in this application to be contacted in support of the application.
- I confirm that all the information contained in this application are true and accurate to my knowledge and my application will be rejected if any information supplied is found to be falsified.

Name of Applicant

Name	Date	Signed
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If this application has been completed on your behalf then please complete this section

Name	Date	Signed
Email		Contact number
Relationship to applicant		

For internal charity use only

Application reviewed by

Name	Date	Signature	Application approved?