Brain injury *recovery* charity

Request for funding

Helping survivors, families and carers take their next step.

We fund the services and equipment that help brain injury survivors keep their recovery moving after hospital — and the support that families and main carers need to keep caring.

Who can apply?

Someone living with a brain injury, **or** their family members or main carer. A brain injury affects the whole family, and carers need support too.

What can we fund?

Services (like a block of therapy sessions) and/or equipment that helps recovery or caring — **up to around £300 per application.**

Why around £300?

We're a small charity, and we'd rather help lots of people with the everyday things that make a real difference than fund one expensive item that may soon be outgrown as recovery improves. After a brain injury, one or two incomes often stop — but the bills don't.

How it works

1. **You apply**
   Fill in this form and send it to us.
2. **Our trustees review it**
   They may approve all or part of your request.
3. **We pay the supplier**
   We pay them directly — not the applicant.
4. **We let you know**
   We tell you as soon as it's ready to use.

Good to know

- Please fill in every section with as much detail as you can. It's fine to ask someone to help you.
- Everything you tell us is kept confidential, in line with GDPR and our privacy policy. We may contact you, or anyone named on this form, for more information.
- Please include a short report from a health or care professional – our trustees can't review your application without it.
- Applying doesn't guarantee funding. If we can't help, we'll tell you why.

Send your completed form to:

Funding Applications, 3 Million Steps, 9 Lorne Park Road, Lowestoft, Suffolk, NR33 0RD

or email info@3millionsteps.org

Registered CIO in England and Wales no. 1180230

Section 1

About you

Your details

Full name _____

Address _____

_____

Postcode _____ **Date of birth** _____

Daytime phone _____ **Mobile** _____

Email _____

Best way to contact you: ☐ Email ☐ Daytime phone ☐ Mobile

Who is this request for?

☐ Me — I have a brain injury

☐ Me — I'm a family member or main carer of someone with a brain injury

If you're a family member or carer:

Name of the person with the brain injury _____

Your relationship to them _____

A little more about your situation

When did the brain injury happen? _____

Month and year is fine. This helps us understand where you are in your recovery.

Are you getting any other funding at the moment?
For example NHS, private insurance or PIP

☐ Yes ☐ No

If yes, please give details:

Section 2

Your request

What would you like us to fund?

☐ A service ☐ Equipment ☐ Both

Please describe it in as much detail as you can (continue on another sheet if you need to):

Who supplies it?

If we approve your request, we'll pay this supplier directly.

Supplier or provider name _____

Website or address _____

Email _____ **Phone** _____

What does it cost?

Cost per item or session £ _____ **How many items or sessions?** _____

If it's a service, how long will it run for? _____

Total amount requested £ _____

We can usually fund up to around £300 per application.

How will this help?

Tell us how it will help your recovery — or help you keep caring. (Continue on another sheet if you need to.)

Supporting info & declaration

Professional report (required)

Please include a short report from a health or care professional (e.g. GP, consultant, therapist or nurse) about your condition and how this would help. **Our trustees can't review your application without it.** Their details:

Name _____ **Job / role** _____

Organisation & address _____

Email _____ **Phone** _____

Your declaration — please tick each box

- ☐ If my application is approved, I understand 3 Million Steps will pay the supplier directly and no money will be paid to me. It will be my responsibility to arrange the service or use the equipment.
- ☐ I understand 3 Million Steps may ask the supplier for a short report at the end of the funding period, for the charity's records.
- ☐ I agree that 3 Million Steps may contact the people named on this form about my application.
- ☐ The information on this form is true and accurate to the best of my knowledge. I understand my application will be turned down if any of it is found to be false.

Name _____ **Signed** _____ **Date** _____

Did someone fill this in for you? They should complete this part.

Name _____ **Signed** _____ **Date** _____

Email _____ **Phone** _____ **Relationship** _____

FOR 3 MILLION STEPS USE ONLY

Reviewed by _____ **Signed** _____ **Date** _____

Approved? ☐ Yes ☐ In part ☐ No **Amount approved £** _____