



Applicant details

Name	
Address	
Phone	
Email	

Is someone applying on the person's behalf? *If so, please give details*

Name	
Relationship to applicant	
Address	
Phone	
Email	

Details of grant request

What are you requesting a grant for?	
What is the total cost of the project / need? <i>(In £)</i>	
How much are you requesting? <i>(In £)</i>	
How would the grant benefit you / the person you are	

applying on behalf of?	
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Supporting information

Is your local Specialist Huntington's Disease Adviser or another professional supporting this application? (If so, please give contact details)	Yes		No	
	Name			
	Job role			
	Phone			
	Email			

Have you applied for a welfare grant from the Huntington's Disease Association before? (Either any of its branches or the central welfare grant scheme)	Yes		No	
	Details			

Payment details

Payee bank account details (if BACS payments are accepted)	Bank name	
	Account name	
	Bank Address	
	Account number	
	Sort code	
Cheque details (if BACS payments are NOT accepted)	Name of individual / supplier	
	Address cheque should be sent to	

Declaration

Please read the below information carefully and make sure that you understand then before signing, dating and returning the form

- I declare that the information I have given on this form is correct and complete as far as I know and believe.
- I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action and any money given will have to be repaid.
- I normally reside in England or Wales.
- I give my consent to the Huntington's Disease Association to contact any party that may assist the Huntington's Disease Association with my application. This may mean sharing information about me.
- I acknowledge that the Huntington's Disease Association can accept no liability for the quality or fitness for purpose of any items or services purchased using a welfare grant. Liability remains with the supplier, service provider or manufacturer.
- I have not received a welfare grant from the Huntington's Disease Association or Branch in the past 12 months.
- I understand that the welfare grant received must be used solely for the purpose requested in my application.
- I will seek prior approval from the branch if the original price quoted has increased. I understand any excess will NOT be paid without prior approval.
- I will inform the branch if the original price quoted on the application form has decreased and all unspent money or vouchers will be returned to the Huntington's Disease Association.
- By signing this form, I understand that the Huntington's Disease Association will record and securely store details of my grant application to allow them to process this welfare grant application and to assist with the monitoring, evaluation and reporting of the charity's welfare grant scheme. Data will be held in line with the Huntington's Disease Association [data privacy policy](#).

Signature	
Name (Print)	
Date	

Return information

Please return your completed form to

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**Huntington's
Disease
Association**

Central office address Suite 24 Liverpool Science
Park IC1, 131 Mount Pleasant, Liverpool, L3 5TF

Phone 0151 331 5444

Email info@hda.org.uk

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