



# Charitable Foundation APPLICATION FORM

## Applying for an Individual Grant through the Frenkel Topping Charitable Foundation

The Charitable Foundation was founded by Frenkel Topping in 2015. The Foundation exists to help individuals and their families achieve happiness and fulfilment after life-changing events, with a particular focus on assistance that supports mental as well as physical health and wellbeing.

The foundation's efforts are focused on enhancing life, after life-changing injury or illness for as many people as possible. For those left with a disability or cognitive behavioural needs, in particular those with a head or spinal injury, the Frenkel Topping Charitable Foundation aims to empower them to discover their strengths, protect them in their endeavours and support them in their achievements.

### You are eligible to apply for support if:

- You or a member of your family has suffered a severe personal injury, clinical negligence, illness, or severe medical condition as a result of one of the above
- You are a charity acting on behalf of families or individuals who have suffered severe personal injury, clinical negligence, illness or sever medical condition as a result of one of the above
- You are a school or organisation that works with individuals as above

### The Charitable Foundation will consider requests for funding towards:

- Equipment or mobility aids for individuals or schools/organisations supporting those who have suffered a severe personal injury, clinical negligence, illness, or severe medical condition as a result of one of the above
- Therapies (physio/speech, etc)
- Medical costs
- Prosthetics
- Respite days / breaks (for individuals and their families)
- Counselling for the individual or their family who are suffering from mental health issues following severe personal injury, clinical negligence, or illness
- Group events for schools or organisations supporting those who have severe medical conditions as a result of injury, illness or medical negligence

#### We are unable to consider applications if:

- The individual is eligible for any compensation award
- The individual is financially able to support themselves, or their families are able to financially support them
- The individual is eligible for getting what they are asking for from the NHS (unless the NHS service or product is deemed to be unsuitable for the individual's requirements)

The trust prefers to donate funds within the UK, however any requests for funding outside the UK will be at the discretion of the Trustees as long as it meets the above criteria.

If you or someone you care for meets the eligibility criteria, please complete the below application form to apply for a grant through the Charitable Foundation.

Please note, if you are applying for funding to support a project with multiple beneficiaries, such as a group event or charity scheme, please complete a Project application form which can be downloaded from our website.



# Individual Grant Application Form

## **OVERVIEW**

Date of application (DD/MM/YYYY)		
Application title		
Name of the person making the application and relationship to the beneficiary if applicable	Full name:	Relationship to beneficiary:
Contact details of the person making the application	Email:	
	Phone:	
	Address:	
Is the beneficiary an adult or child?	Adult Child	
Are you part of or connected to a larger organisation?	Yes No If yes, please provide details	

## FUNDING

Please outline how the funding will be used, including any expenses and dates where relevant (Max 500 words)	If more space is required, please enclose an additional sheet of paper alongside this application form.
What is the total amount needed in funding?	£
What date is the funding needed by? (DD/MM/YYYY or "as soon as possible")	
Will the funding also support the family of the individual?	Yes No If yes, please provide details
Who will receive payment of funding?	Full Name:



# Individual Grant Application Form

## FUNDING Continued

Are you restricted from promoting your involvement with the Charitable Foundation?	Yes No
Please provide contact details for 2 references for the project	Name: Phone: Email:
	Name: Phone: Email:

### ELIGIBILITY

Is the individual eligible for any compensation awards?	Yes No If yes, please provide details
Has the individual received any funding from the Charitable Foundation in the past?	Yes No If yes, please provide details
Could the project be funded without support from the Charitable Foundation?	Yes No If yes, please provide details
Is the individual or their family able to financially support themselves/them?	Yes No If no, please provide details
Is the individual eligible to get what they are asking for from the NHS? (If the NHS service or product is deemed to be unsuitable please select 'No')	Yes No If no, please provide details



# Individual Grant Application Form

I / we consent to the processing of sensitive personal data as far as it is necessary for the services I / we require from Frenkel Topping Charitable Foundation

From time to time, we may wish to contact you to offer additional products or services which may be of interest to you. In order to do this, we require your consent by agreeing to one or all of the options:

I / we consent to be contacted for marketing purposes by.



### Please complete if applicable:

I confirm that

(name of child)

is below the age of 16 years old and I as their parent/guardian am consenting on their behalf that Frenkel Topping Charitable Foundation can process personal data relating to them:

Please note that you may withdraw this consent at any time by notifying us at our main business address.

#### Please note:

Applications will only be considered upon completion and submission of the above form. Further information may be required in considering your application.

All successful applicants will be contacted directly, using the details provided in the form, however, due to the large number of applications we receive it will not be possible to inform all applicants who are unsuccessful.

Please note that the Trustee Board will follow a robust and transparent assessment process and their decision is final. Therefore, it is important that all applicants provide up-to-date and relevant information regarding their project, why they wish to be awarded the grant, what they will do with the funding received and how it will benefit recipients in the future.

Please tick this box to confirm you have read and acknowledged the above information.

Please tick this box if you are happy for Frenkel Topping Limited to contact you to discuss using your information for marketing purposes, such as to feature on the website, in newsletters, or across social media.

Signature of person making application:

### PLEASE SEND YOUR APPLICATION TO:



**Norma Fraser** Charity Manager

### norma.fraser@frenkeltopping.co.uk

c/o Frenkel Topping Limited Frenkel House 15 Carolina Way Salford Manchester M50 2ZY