



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 severe 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're 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)
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Individual Grant Application Form

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.

OVERVIEW

| | |
|---|--|
| Date of application (DD/MM/YYYY) | |
| Application title | |
| Name of the person making the application and relationship to the beneficiary if applicable | |
| Are you the Beneficiary | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a part of or connected to a larger organisation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Where did you hear about us? | |
| If you're applying on behalf of yourself, please provide the following information | |
| Name | |
| Date of birth | |

IF YOU ARE SUBMITTING THIS APPLICATION ON BEHALF OF YOURSELF ONLY

- I confirm I have attached a copy of photographic identification of the person I am submitting the application for
- I confirm I have attached a photograph of a GP letter confirming the disability



Individual Grant Application Form

FUNDING

| | |
|--|--|
| Please outline why funding is required and how it will be used to support the individual / and their family? | |
| What is the total amount needed in funding? | |
| Name of the supplier providing the quote of the funding | |
| Address of the supplier providing the quote of the funding | |

I confirm I have attached a copy of the quote which confirms the cost

| | |
|---|--|
| When is the funding needed by? | |
| Will the funding also support the family of the individual? | |
| Please provide details of disability/injury/illness | |

REFERENCES - AT LEAST ONE REFEREE MUST A DOCTOR OR MEDICAL PROFESSIONAL WHO KNOWS YOU

| Reference 1 Name | Reference 1 Phone | Reference 1 Email |
|------------------|-------------------|-------------------|
| | | |
| Reference 2 Name | Reference 2 Phone | Reference 2 Email |
| | | |



Individual Grant Application Form

FUNDING Continued

Are you restricted from promoting your involvement with the Charitable Foundation?

Yes No
If yes, provide details:

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, provide details:

Has the individual received any funding from the Charitable Foundation in the past?

Yes No
If yes, provide details:

Could the project be funded without support from the Charitable Foundation?

Yes No
If yes, provide details:

Is the individual or their family able to financially support themselves/them?

Yes No
If no, 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, provide details:



Individual Grant Application Form

ELIGIBILITY Continued

| | |
|---|--|
| Is the beneficiary or their family eligible for any compensation awards or NHS funding? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you received any funding from the Charitable Foundation in the past? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you applied for funding from any other charity(ies)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please state charity name | |
| Could the project be funded without support from the Charitable Foundation? | |
| Is the beneficiary able to support themselves, or is their family financially able to support them? | |

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

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:

- Email Telephone Text message Post



Application Form

Please complete if applicable:

I confirm that [redacted] (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 maybe 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 the application: [redacted]

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