



## Help 4 Home Scheme

### ABOUT YOU

Name of applicant:

Address of applicant:

Telephone number  
of applicant:

Email of applicant:

### ABOUT WHAT WILL HELP

Please describe what  
type of equipment or  
aid you need to purchase  
and the reason why it  
is needed and how it  
will help you at home:

Make & model:

Have you obtained a quotation?

YES

NO

If you answered yes to the above please enclose copies of all quotations received.

The total amount of claim £

Is this equipment for you or someone else? If not you, please give their full name below

Name:

Relationship:

What is the reason for  
the hospital or clinic not  
being able to supply this  
item/items?

Have you contacted  
Social Services or any  
other agencies for  
assistance with the loan  
or purchase of this  
item/items?



## Help 4 Home Scheme (continued)

Have you approached any other charities to help you with this?

Do you or your partner work full time?

YES

NO

Please state your current total household income:

Please state your current total household expenditure:

Please include any other information or statement from a medical professional to support your application:

How did you hear of our Help 4 Home Scheme?

### What are your bank details?

Account name

Sort code

Account number

Signature of applicant

Date



## Help 4 Home Scheme (continued)

DECLARATION

I believe that the information provided in this application is true and accurate to the best of my knowledge and belief and I accept the Terms & Conditions as set out and form part of this application and agree to be bound by them.

Name (print)

Signature

Date

### Terms & Conditions

1. The decision to accept this application and to assist with the full or partial funding of any item included in this application is at the sole discretion of the CDH UK committee and it's Trustees.
2. The decision is final and cannot be appealed. CDH UK do not have to provide their reason for refusing any application.
3. CDH UK reserve the right to withdraw any decision and or request the return of any items funded at any time. All items remain the property of CDH UK - The Congenital Diaphragmatic Hernia Charity.
4. Any donated/funded item remains the property of CDH UK at all times.
5. All liability lies with the person that the equipment is donated to, no liability will be accepted by CDH UK whatsoever.
6. Equipment must be used, maintained and serviced appropriately by the beneficiary and in accordance with the manufacturers instructions and/or warranty. Failure to do so may result in accident, injury or even death and may result in any warranties becoming null and void.
7. Any warranty or guarantee lies with the Manufacturer and NOT with CDH UK. We strongly advise that items are appropriately insured
8. CDH UK reserve the right to request the return of the donated equipment at any time
9. It is not permitted to sell or loan out donated equipment and equipment must be returned when no longer required or used.
10. CDH UK reserves the right to publicise the donation of any item how it see's fit, which includes using images, such as photographs and other media obtained.
11. All donated items are issued with an identification label, which must not be removed.

FOR OFFICIAL USE ONLY

Application approved in full YES

NO

If no please state how much has been agreed by the Committee:

Reason for partial funding:

Reason for rejecting or refusing the application:

Date at approval:

Signed by committee member or trustee

**Remember if anything is missing we will be unable to proceed with your application further.**

CDH UK is a registered Charity in England & Wales (no.1106065) and registered in Scotland (no.SC042410)  
Registered address: The Denes, Lynn Road, Tilney All Saints, Kings Lynn, Norfolk, PE34 4RT. Freephone: 0800 731 6991

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Please complete this form in full and return to CDH UK.  
Please note that all of the information provided will be treated with the strictest confidence and will comply with the GDPR 2018.

We are asking for this information to allow us to make an informed decision about your application. We may need to share this information with others involved in the care of the patient in order to obtain this information. This form and its data will be stored securely for application purposes and for paying the grant to the applicant. It will then be stored for accounting and auditing purposes for a maximum of 6 years, after which it will be safely disposed. By signing this form you are agreeing to the retaining of this information for a maximum of 6 years after which we will write to you to request your permission to store it for longer if needed. This information will not be used for marketing purposes or any other purpose other than that which is stated.

I have read the above statement and understand that I can email [committee@cdhuk.org.uk](mailto:committee@cdhuk.org.uk) anytime to request that my details are removed from any records - please tick the box to confirm.

**By signing below I agree to the statement relating to my personal data.**

Signature:

Please send the completed form to:  
The Committee, CDH UK,  
C/O The Denes, Lynn Road Tilney All Saints,  
Kings Lynn, Norfolk PE34 4RT  
Email: [committee@cdhuk.org.uk](mailto:committee@cdhuk.org.uk)

