**Parkinson’s UK Personal Grants 2025 Application Form: Funding Round 1**

*Please read our '*[*Guidance for Applicants*](https://www.parkinsons.org.uk/sites/default/files/2025-01/Parkinson%27s%20UK%20Personal%20Grants%20Guidance%202025.pdf)*' carefully before you fill in this form. We have recently made some changes that may affect your eligibility and the information you need to send with your application.*

*It is your responsibility to confirm that the supplier or service-provider you choose is appropriate, reliable and able to supply the item or service you need. Parkinson’s UK is unable to accept any liability for any loss, damage or future problems with, or connected to items or services funded or part-funded by a Parkinson’s UK Grant.*

**Please note: any questions marked with an asterisk (\*) are mandatory. Not answering a mandatory question will delay your application.**

**Data Protection Statement**

We need to collect your personal data in case we need to contact you to discuss your application. Personal data will be treated as confidential and is only visible to the Personal Assistance Grants team who process your application. We will only contact you about matters regarding your application.

By submitting this application you agree to Parkinson’s UK collecting and storing information about you and your support request.

Data from all applications will be stored for two years and then destroyed.

More information about our Privacy Policy can be found on our website: [www.parkinsons.org.uk/about-us/privacy-policy](http://www.parkinsons.org.uk/about-us/privacy-policy)

| **Please tick YES/NO below to indicate that you are happy for the information you enter into this application form to be collected and stored for the purpose of processing your application \*** | | | |
| --- | --- | --- | --- |
| ***Please note that if you select "No" we will be unable to proceed with your application and we will not contact you to discuss your request further.*** | | * Yes | * No |

**SECTION 1: YOUR DETAILS**

If you are a person with Parkinson’s or you care for someone with Parkinson’s and you are applying for yourself, please complete this section. **If you are applying on behalf of someone else, complete this section with the details of the person you are applying for:**

| **1.1 Your Details \*** | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** | | |  | | | **First Name** | | | | |  | | | | | | | | |
| **Surname** | | | |  | | | | | | | | | | | | | | | |
| **Address** | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | **Postcode** | | | |  | | | |
| **Email Address** | | | |  | | | | | | | | | | | | | | | |
| **Telephone** | | | |  | | | | | | | | **Year of Birth** | | | |  | | | |

| **1.2 Do you have Parkinson’s or Parkinsonism? \*** | | * Yes | * No |
| --- | --- | --- | --- |

| **1.3 Do you care for someone with Parkinson’s or Parkinsonism? \*** | | * Yes | * No |
| --- | --- | --- | --- |

| **1.4 Please tell us the year of your diagnosis / the diagnosis of the person you care for \*** |  |
| --- | --- |

| **1.5 Are you a member of a Parkinson’s UK local group? \*** | | * Yes | * No |
| --- | --- | --- | --- |

| **1.6 How may we contact you about this application? \*** | | | ***(Please select all that apply)*** | | |
| --- | --- | --- | --- | --- | --- |
| * Email | | * Telephone | | * Letter | |

**SECTION 2: DETAILS OF A PERSON WHO IS APPLYING ON SOMEONE'S BEHALF**

**This section must only be completed if you are applying on behalf of someone else.**

Please complete this section and sign the declaration in **Section 8**. You must be **over 18** to apply on behalf of someone else. **Remember to put their details in Section 1**.

| **2.1 What is your relationship to the person you are applying for \*** |  |
| --- | --- |

| **2.2 Your Details \*** | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** | | |  | | | **First Name** | | | | |  | | | | | | | | |
| **Surname** | | | |  | | | | | | | | | | | | | | | |
| **Address** | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | **Postcode** | | | |  | | | |
| **Email Address** | | | |  | | | | | | | | | | | | | | | |
| **Telephone** | | | |  | | | | | | | | **Year of Birth** | | | |  | | | |

| **2.14 How may we contact you about this application? \*** | | | ***(Please select all that apply)*** | | |
| --- | --- | --- | --- | --- | --- |
| * Email | | * Telephone | | * Letter | |

**SECTION 3: WHAT ARE YOU ASKING US TO PAY FOR?**

You may only apply for items in ONE of the four categories below:

| **3.1 Which category are you applying for? \*** | ***(Please only select one option)*** |
| --- | --- |
| * Activity or series of activities (£250 limit) * Electrical or household item (£500 limit) * Specialist equipment or home adaptation (£1,500 limit) * Respite care (£1,000 limit) | |

| **3.2 Please provide clear details of the product or service you are applying for \*** |
| --- |
|  |

**SECTION 4: HOW WILL A PARKINSON’S UK GRANT HELP YOU?**

Our panel will need to know how the activity, item, special adaptation or respite care you are requesting would make a significant difference to your daily life, either as a person with Parkinson’s or in caring for someone with Parkinson’s.

| **4.1 Please tell us how the activity, item, special adaptation or respite care you are requesting would improve your daily life with Parkinson’s or caring for someone with Parkinson’s \*** |
| --- |
| ***You may attach an extra sheet if you need to.*** |
|  |

**SECTION 5: HOW MUCH DO YOU NEED?**

**For household goods and electrical items, your request must not exceed £500. We can’t contribute to more costly items as this category is intended to supply basic household items and communication essentials for people in financial need.**

| **5.1 Total cost of the activity, item, adaptation or respite care \*** | | £ | |
| --- | --- | --- | --- |

| **5.2 Amount you are requesting from Parkinson's UK Grants \*** | | £ | |
| --- | --- | --- | --- |

If the cost of the item or activity is **more than you are requesting**, or **more than the maximum we can provide**, you will need to explain how you will fund the difference (e.g. your own contribution, friends and family or other grants).

| **5.4 Please explain how you will pay the remaining costs after our funding contribution from your grant award has been paid to the supplier \* *(If this is not applicable, please write N/A)*** |
| --- |
|  |

**SECTION 6: YOUR FINANCES**

You must tell us the total sum of any savings or investments you have, including your partner’s savings if you are living together. Total savings include those held in bank accounts and/or building societies, stocks and shares, gilts, bonds, ISAs or any other savings.

| **6.1 Please tell us your total savings \* *(If you have no savings, please write zero)*** | | £ | |
| --- | --- | --- | --- |

| **6.2 Benefits you receive** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| ***The following questions are to confirm which benefits you currently receive. We ask for this information so that we can better understand your situation and also identify any other ways by which we may be able to support you. This information will not affect the outcome of your application. Please select all that apply.*** | | | | | | |
| Disability Living Allowance Mobility Component | * Lower rate | | | * Higher rate | | |
| Disability Living Allowance Mobility Component | * Lowest | | * Middle | | * Highest | |
| Personal Independence Payment (PIP) Daily Living Component | * Standard rate | | | * Enhanced rate | | |
| Personal Independence Payment (PIP) Mobility Component | * Standard rate | | | * Enhanced rate | | |
| Scottish Adult Disability Payment | * Standard rate | | | * Enhanced rate | | |
| Attendance Allowance | * Lower rate | | | * Higher rate | | |
| Carer’s Credit | * Contributory | | | * Income-related | | |
| Employment and Support Allowance | * Contributory | | | * Income-based | | |

| **6.3 Other benefits** | | | ***(Please select all that apply)*** | | |
| --- | --- | --- | --- | --- | --- |
| * Carer's Allowance | | | * Child Tax Credit | | |
| * Housing Benefit | | | * Income Support | | |
| * Jobseeker's Allowance | | | * Pension Credit | | |
| * Universal Credit | | | * Working Tax Credit | | |

| **6.4 Have you had a benefits check recently? \*** | | * Yes | * No |
| --- | --- | --- | --- |

| **6.5 If not, would you like us to refer your details to our advisors who can advise you on how to arrange one?** | | * Yes | * No |
| --- | --- | --- | --- |

| **6.6 Do you receive, or are you waiting for a decision about, financial support from any Parkinson's UK Local Group? \*** | | * Yes | * No |
| --- | --- | --- | --- |

| **6.7 If you are receiving, or hope to receive, financial support from a Parkinson's UK Local Group please tell us the name of the group** |
| --- |
|  |

**SECTION 7: INFORMATION TO SUPPORT YOUR APPLICATION**

Our grants panel of people affected by Parkinson’s and health or social care professionals can only consider your application if you send us ALL the required supporting information.

| **7.1 Have you obtained a letter directly supporting your application from a relevant health or social care professional? \*** | | * Yes | * No |
| --- | --- | --- | --- |

| **7.2 Do we have your permission to contact the professional if necessary? \*** | | * Yes | * No |
| --- | --- | --- | --- |

| **7.3 Have you obtained quote(s) or confirmation of costs for the item or service you are applying for? \*** | | * Yes | * No |
| --- | --- | --- | --- |

**SECTION 8: DECLARATION**

The declaration is to confirm that you have read and understood the Parkinson's UK Personal Assistance Grants guidance and application form and that the answers and information you have provided are accurate, true and complete.

| **8.1 Applicant’s declaration \*** | ***If you are applying for yourself, please complete and sign this section. We do accept typed signatures:*** |
| --- | --- |
| **I confirm that the information I have supplied in this application form is accurate and complete.**  *By signing below you agree to the above statement.* | |
| **Full Name (please print)** |  |
| **Signature** |  |
| **Date** |  |

| **8.2 Advocate or representative’s declaration \*** | ***If you are applying on behalf of someone else, you must complete and sign this section. We do accept typed signatures:*** |
| --- | --- |
| **I confirm that the information I have supplied in this application form is accurate and complete.**  **I confirm that I have the applicant's permission to submit this application**  *By signing below you agree to the above statements.* | |
| **Full Name (please print)** |  |
| **Signature** |  |
| **Date** |  |

**SECTION 9: SUBMISSION**

Please check that all mandatory questions have been completed in full and that all necessary information is included and accurate. Once you are happy that your application is complete in full, please send it to us, with your quotes, letter of support, and any further supporting information, to: [grants@parkinsons.org.uk](mailto:grants@parkinsons.org.uk)

Alternatively, you can send your application and your supporting information to us by post to:

**Private and confidential**

Personal Assistance Grants Team

Parkinson’s UK

50 Broadway

London

SW1H 0DB

Once we have received your application, we will contact you within 5 working days to acknowledge receipt of your application and with any requests for further information if necessary. If you have any questions, please call us on **020 7963 3765** or you can email us at [grants@parkinsons.org.uk](mailto:grants@parkinsons.org.uk).

**SECTION 10: MONITORING QUESTIONS**

This section asks for information about you as an individual, including special category data.

Special categories of data include health information, race, religious beliefs, genetic and bio-metric data and political opinions.

**We ask for this information so that we can better understand who we are reaching, serving and supporting in our work and programmes.** Equally, this information helps us to understand who we are not currently reaching and who may be under-served.

These questions are **completely optional** and you **do not have to provide this information** in order to submit your application. If you wish not to answer a particular question, please leave it unanswered and **skip to Section 10**.

**Any information you provide in this section will be separated from other sections of your application and will remain anonymous. The information in this section is not shared with the grants panel and will not affect the outcome of your application.**

| **10.1 Which of these describes your situation?** | |
| --- | --- |
| * I have Parkinson’s or Parkinsonism | * I care for someone who has Parkinson’s or Parkinsonism |

| **10.2 What is your age in years?** |  |
| --- | --- |

| **10.3 What is your sex?** | | |  | | |
| --- | --- | --- | --- | --- | --- |
| * Male | | * Female | | * Prefer not to say | |

| **10.4 Are you currently in a paid or unpaid employment position?** | | * Yes | * No |
| --- | --- | --- | --- |

| **10.5 In which year were you, or the person you care for, diagnosed with Parkinson’s?** |  |
| --- | --- |

| **10.6 How do you describe your ethnicity?** | | | ***(Please select only one option from below)*** | | |
| --- | --- | --- | --- | --- | --- |

| **White** | |
| --- | --- |
| * British (English/Northern Irish/Scottish/Welsh) * Irish * Gypsy or Irish Traveller | * Roma * Any other White background |

| **Mixed or Multiple ethnic groups** | |
| --- | --- |
| * White and Asian * White and Black African | * White and Black Caribbean * Any other Mixed or Multiple ethnic groups |

| **Asian** | | |
| --- | --- | --- |
| * Indian * Chinese | * Bangladeshi * Pakistani | * Any other Asian background |

| **Black** | | |  | | |
| --- | --- | --- | --- | --- | --- |
| * African | | * Caribbean | | * Any other Black background | |

| **Other** | | |  | | |
| --- | --- | --- | --- | --- | --- |
| * Arab | | * Any other Ethnic Group | | * Prefer not to say | |

| **10.7 What are your living arrangements?** | |
| --- | --- |
| * I live with my husband/wife/partner * I live with other family/friend(s) * I live on my own | * I live in a care home * Other: |

| **10.8 What is your postcode?** |  |
| --- | --- |

| **10.9 How did you hear about Parkinson's UK Grants?** | |
| --- | --- |
| * Parkinson’s UK local group * Parkinson’s UK local adviser * Parkinson’s UK leaflet or poster | * Health or social care professional * Other: |

| **10.10 Have you previously applied for any grant, other than a government or local authority grant?** | | * Yes | * No |
| --- | --- | --- | --- |

| **10.11 Have you ever been successful in applying for any grant, other than a government or local authority grant?** | | * Yes | * No |
| --- | --- | --- | --- |