



# Blessing in Disguise

Return completed form to:

Blessing in Disguise  
 6A Enterprise House  
 Wigan Enterprise Park  
 Seaman Way  
 WIGAN  
 WN2 2LE

OFFICE USE ONLY:		Initials
Date Received:		
Method:	Email / Post / Hand.Del.	
Date Assessed: DWP Proof		
Recommendation:	Approve / Decline	
Director Decision:	Approved / Declined	
B.I.D. Ref:	<b>BIDEQ</b>	

<b>EQUIPMENT APPLICATION FORM</b>											
Decisions are dependent on funding, strictly first come first served basis.											
<b>ALL</b> sections of this form <b>MUST</b> be completed in <b>FULL</b> or may be deemed <b>void</b> and returned unprocessed.											
B.I.D. considers a family to consist of dependent children and those who care for them. Carers can be parents, grandparents, guardians and others with caring responsibilities.											
<b>Section 1</b>											
<b>Contact Details of Family</b>											
Family Name: _____											
Child's Name _____											
Address: _____											
Post Code: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
Home Phone: _____		Mobile: _____									
Email: _____											
<b>Section 2</b>											
<b>Details of Equipment Requested. (Please give specific examples if known: item, make, model, stockist, approx. price, etc.)</b>											
In which local authority area do you live? _____ (We need this information as some of our funding is for specific areas)											
<b>Section 3</b>											
<b>Meeting Our Criteria</b> (Eligible criteria must be met in order for equipment to be granted) *FINANCIAL ASSESSMENT											
The child listed in <b>Section 4</b> must be aged 19 or under at the time of the equipment granted (unless approved by B.I.D.) Family must be on a low income and in receipt of one/more of the following: please tick all that apply. <b>PLEASE PROVIDE EVIDENCE OF ALL BENEFITS WITH YOUR APPLICATION</b>											
1	Child Benefit <input type="checkbox"/> Working Tax Credit <input type="checkbox"/> Council Tax Benefit <input type="checkbox"/> Other <input type="checkbox"/>										
	Housing Benefit <input type="checkbox"/> Income Support <input type="checkbox"/> Job Seekers Allowance (JSA) <input type="checkbox"/>										
	Disability Living Allowance (DLA) <input type="checkbox"/> Disabled Students Allowance (DSA) <input type="checkbox"/>										
2	The family has not had any equipment granted in the last 3 years YES / NO										
3	If you have had equipment granted in the last 3 years from BID or elsewhere, please give brief details:										
4	Does the child currently have access/use of this type of equipment YES/NO If upgrading equipment will you <b>donate</b> your unused equipment to BID YES / NO										

**\*Financial Assessment**

In order for us to process your application, we require a breakdown of the household's financial situation. **Please fill out all the details below.** Failure to do so will result in your application not being assessed.

HOUSEHOLD INCOME	TOTAL	HOUSEHOLD EXPENDITURE	TOTAL
1st Parent/Guardian (net) Wage	Wk/Month	Rent	Wk/Month
2nd Parent/Guardian (net) Wage	Wk/Month	Mortgage	Wk/Month
DLA High	Wk/Month	Maintenance/Child Support	Wk/Month
DLA Medium	Wk/Month	Childcare	Wk/Month
DLA Low	Wk/Month	Secured Loan	Wk/Month
Carers' Allowance	Wk/Month	Gas	Wk/Month
Child Tax Credit	Wk/Month	Electricity	Wk/Month
Child Benefit	Wk/Month	Water	Wk/Month
Maintenance/Child Support	Wk/Month	Council Tax	Wk/Month
Housing Benefit	Wk/Month	TV License	Wk/Month
Income Support	Wk/Month	Telephone	Wk/Month
Council Tax Benefit	Wk/Month	Mobile Phone	Wk/Month
Working Tax Credit	Wk/Month	Satellite/ Cable	Wk/Month
Jobseeker's Allowance	Wk/Month	Broadband Internet	Wk/Month
Employment Support Allowance	Wk/Month	Appliance Rentals	Wk/Month
Statutory Sick Pay	Wk/Month	Vehicle Costs (e.g. tax etc.)	Wk/Month
Maternity Allowance	Wk/Month	Fuel	Wk/Month
Statutory Maternity Pay	Wk/Month	Public Transfer	Wk/Month
Student Loan/Grant	Wk/Month	Sundries/ Food	Wk/Month
Pension (s)	Wk/Month	Clothing/ Footwear	Wk/Month
Savings (total to date)	Wk/Month	Meals/ Trips	Wk/Month
Family Allowance	Wk/Month	Leisure Activities	Wk/Month
Other	Wk/Month	Student Course Costs	Wk/Month
	Wk/Month	School Fees	Wk/Month
	Wk/Month	Treatments/Therapies	Wk/Month
	Wk/Month	Other	Wk/Month
<b>TOTAL</b>		<b>TOTAL</b>	

We agree that the above information provided is accurate and correct.

Name:

\_\_\_\_\_

Print:

\_\_\_\_\_

Sign:

Date:

\_\_\_\_\_

<b>Section 4</b>	
<b>Details of person with illness / disabilities / special needs</b>	
Child's Full Name:	
Child's Age & DOB:	
<b>Please explain in detail, special needs/disability &amp; any additional requirements</b>	
<b>Current Nursery/School/College</b>	
<b>We need this equipment because...</b>	
How do you think that your child will benefit from the provision of the equipment?	
<b>Have you applied for funding for this equipment anywhere else?</b> (please give details)	

**Collection of equipment must be arranged by family/agent unless approved by B.I.D.**

You will be required to sign a disclaimer form for any equipment offered before it is released

**Family Declaration**

Please tick the boxes to show that you have read the information and understand and accept our terms and conditions. Please note that without this agreement we cannot consider your application.

- We agree that the information provided is correct and that completing this form does not guarantee us the granted equipment
- We will notify Blessing in Disguise immediately if we are unable to take up the offer or if we need to cancel. (Failure to inform B.I.D. of cancellation or any changes of circumstances could result in you being liable for the equipment purchase cost incurred by B.I.D.).
- We will give feedback to B.I.D. and send photos/videos showing positive effectiveness of the equipment within 4 weeks of taking possession of the equipment.
- We agree that the equipment supplied is for the sole use of the child named on the form for which it was granted.** This equipment is not for use by other family members unless authorised by B.I.D. **The equipment once finished with will be returned to B.I.D.**
- The equipment must be covered on the recipient home contents insurance or other valid insurance policy unless authorised by B.I.D. Proof of insurance may be required (dependent on type of equipment supplied)

Name:

\_\_\_\_\_

Print:

\_\_\_\_\_

Sign:

Date:

\_\_\_\_\_

Section 5

**Publicity Agreement (To be read and signed by parent/guardian)**

Please note, any feedback, photos and stories received will be used exclusively by B.I.D. for its newsletters, website, social media pages or for any other purposes deemed necessary. Feedback and monitoring is an essential element of ensuring that we are making a difference to a child or young person. It enables us evaluate our social impact and to assist in generating funding for specific needs, which is essential to raise our profile and enabling the company to continue offering exclusive activities, events and specialist equipment free of charge or on a temporary basis.

B.I.D. needs to collate information to help with future fundraising campaigns to help us to assist more families.

I/We consent to our feedback/photographs, images etc. being used including name, location and details about my experience with B.I.D. to promote the company and its charitable work. (Please delete as appropriate and tick below)

Yes  No

Name: \_\_\_\_\_

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

By signing this authorisation form, you acknowledge that you have read, understood and agree to the conditions of the agreement. If you are in doubt please contact us.



**Section 6****To be completed by the referring agent**

(We are unable to process applications without this section of the form)

Name of organisation/agent/school:				
Your name:				
Your job title:				
Address:				
Office Tel:				
Mobile:				
Email:				
Type of organisation:				
<input type="checkbox"/> Charity	<input type="checkbox"/> School	<input type="checkbox"/> Disability unit	<input type="checkbox"/> Social Services	<input type="checkbox"/> Other
Name of Child(ren) / Young Person				
Age of Child(ren) / Young Person				
Brief details of illness/disability				
How did you hear about B.I.D.?				
Please specify				
<input type="checkbox"/> Used before	<input type="checkbox"/> Family	<input type="checkbox"/> Colleague	<input type="checkbox"/> Media / Press	<input type="checkbox"/> Website
<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Referral	<input type="checkbox"/> Other

**Have you applied for funding for this equipment anywhere else?** (please give details)

Why does the child require this equipment? How do you feel that the child will benefit from the provision of the equipment?

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Please note that parents/families are required to sign a disclaimer for the equipment that they are granted which is for the sole use of the named child for whom it was intended. Equipment will not be offered without a signature.

Name:

\_\_\_\_\_

Print:

\_\_\_\_\_

Sign:

Date:

\_\_\_\_\_

Thank you for your information. Please return this completed application form to B.I.D.:  
Email: [blessingsindisguisecharity@gmail.com](mailto: blessingsindisguisecharity@gmail.com)