

To be retained for your reference purposes.

# Equipment Application Form

## Important:

Please read these notes carefully before completing and submitting this application, as the content of the application will be crucial to helping us determine if we can offer support. Before completion, please be sure that you have the support of an appropriate local professional who will support this application.

Newlife can either fund the fixed-term loan of equipment or purchase and grant equipment for a child's long-term use. The vast majority of the services we provide are free. If we grant equipment, you may need to contribute 20% of the equipment value up to a ceiling value of £2,000 depending on whether you receive certain benefits.

The majority of complete applications result in the provision of equipment, and if we offer the loan of equipment we will – where there is a clear health and/or social care responsibility – use this time to secure a statutory assessment of long-term needs and support access to services/funding that meets these needs. We will also help explore options for charitable support that meets long-term needs, when there isn't a statutory responsibility to provide equipment – ensuring your needs are at the heart of our actions at all times.

## Who can access Newlife's Equipment Services?

If your child meets all of the following criteria for support, and needs an item of equipment listed below to address risks to their safety, health and wellbeing e.g independence and quality of life, Newlife can consider an application for equipment:

- Under the age of 19 years;
- Resides in the United Kingdom
- Has a significant disability, life-threatening/limiting condition or terminal illness

We do not grant equipment to 'looked-after' children (LAC) because of a specific legal entitlement to equipment from the local authority. However, we can fund the fixed term loan of equipment that is owned by Newlife. This option is normally only available to children who have a permanent residency in the UK – but we can make individual decisions in the best interests of a child.

## What Equipment can be funded?

We can fund an **Equipment Grant** for most types of essential community equipment which we assess as appropriate to meet the specialist needs of the child using it. It does not have to be specialist, but it does need to be designed to meet the child's needs.

Most of this equipment can also be funded by the NHS and/or Local Authority so we will ask why they are not funding this equipment in the application form. Please find below a list of different types of equipment that we can consider providing:

- **Wheelchairs:** Newlife can fund any type of wheelchair for use in any environment, irrespective of whether it is powered or manual and for one type of terrain or all terrains. We can fund lightweight specifications of manual wheelchair (often referred to as sports wheelchairs because of its active use) but we currently don't fund wheelchair specifications adapted for sport participation. If the wheelchair is actively involved in sports for lengthy periods regularly, and as such the sports wheelchair is essential to the child/young person's health and wellbeing – then an application can be accepted and reviewed.
- **Pushchair/Buggy/Reins:** Newlife can fund any specification of pushchair/buggy/reins, including double buggies. We can fund all-terrain buggies, but the intended frequency of use will impact on the assessed outcome.
- **Other Mobility Equipment:** We can fund walking frames irrespective of whether the child can independently walk using supportive equipment or not. We are aspirational for children and as such as long as the child can weight bear then we will consider an application.

We can also fund equipment that supports the ability to integrate within any social setting, eg. achieveas

- **Cot/Bed:** Newlife can fund any type of cot/bed, as long as the specification will specifically meet the child's needs. We do not fund double beds to support parents to have the option of co-sleeping, but would consider an application for a double bed if the specification is determined by the child's exceptional height or weight.  
Transportable cot/beds can be considered but information regarding frequency of use will be needed to determine the extent to which they are essential.  
Safespaces are provided for overnight use, and can be used as part of a behavioural support plan during the day. If intended only for overnight use, then we only fund single bed sized Safespaces, but larger ones can be considered if there are behavioural strategies and support in place.  
Mattresses should have integral incontinence protection if the child is incontinent. Newlife can fund sleep systems to meet a child's health needs through postural management.
- **Car Seats:** Newlife can fund any type of car seat or travel harness, including emergency cutters.
- **Seating:** Newlife can fund any type of static functional and/or comfort seating. It is important to understand the extent to which a dynamic seat is needed to correct body shape and postural deterioration or whether comfort is the primary impact of seating. We believe that both are important.
- **Communication Aids:** Newlife can fund hardware and/or software that support's a child's ability to communicate their needs. The child must be non-verbal (whether this is because of a physical or cognitive/behavioural disability) and the equipment must be designed to help communicate in all environments. Radio aids and communication aids can be considered, but this should have been trialled to demonstrate the benefit before provision. Newlife can fund video/movement sensors to support families to respond to a child's health and/or safety needs.
- **Mobile Hoist/Handling Aids:** We can fund mobile hoists and aids to support transfer between positions (eg. standing frames, temporary ramps and stairclimbers) and equipment to promote independence when completing activities of daily living (eg. neater eater arm supports) but don't fund manual handling equipment that is fixed to a property or vehicle.
- **Toileting/Bath Aid:** We don't fund fixed toileting/bathing facilities or aids, but can fund mobile supportive aids that make it possible to meet a child's daily care needs.
- **Accessories:** Accessories are items that cannot be used on their own, ie. they attach to other items of equipment. They are not adaptations – they result in a temporary change in specification to meet individual circumstances - but they do play an important role in maximising the ability to use equipment to the point where it can be essential to have it in order to use equipment.  
Wheelchair Accessories cannot change the integral structure of the wheelchair.  
Pushchair/Buggy Accessories, Mobile Hoist/Handling Accessories and Cot/Bed Accessories must be provided to meet the child's health or safety needs.  
Car Seat Accessories must be provided to meet the child's health needs.  
Seating and Mobility Accessories can be funded irrespective of the child's needs.

**We do not fund any of the following:**

- therapies, including Second Skins/Splints/Orthotics.
- weighted blankets/sensory seats or accessories that solely meet sensory needs.
- scooters, trikes and adapted bicycles.
- specialist bedding or clothing.
- permanent adaptations to any equipment that was funded by a Statutory Service. We can consider an application to adapt equipment if it was originally funded by Newlife, in whole or part.
- adaptations to vehicles.
- permanent home adaptations.
- sheds for storage of equipment/medical supplies.
- holidays/days out.
- white goods, furniture (that doesn't fall into one of the other categories) or accessories that would solely improve the home environment.
- medical monitors that require training to interpret readings.
- financial grants, in full or part, or reimbursements for items privately purchased.
- animals to support assisted living or animal therapies.
- residential placements and/or private community care in the home.

### What happens after this application form has been received?

Newlife's Child and Family Support Team will check whether we have received all the necessary information or not. We will also identify if the need is urgent. Any missing information will be sought at the point of acknowledging the receipt of your application – so please provide an email address. We will then send a website link to the named local supporting professional so that a form can be confidentially and securely shared with us that confirms the details in your form alongside the specification of equipment and it's appropriateness for your child. This will need to be completed and submitted to us within three weeks to make it possible for the application form outcome to be determined. Please retain a copy of the application form and provide a copy to the named local supporting professional for their reference.

### Who should support this application?

All kinds of professionals involved in providing local services to your child can support this application. However, some types of equipment require specialist knowledge to determine the appropriate equipment specification. As such, you should use the guidance table below:

Equipment	Child's Primary Need for Equipment	NHS Employed Professionals	Local Authority Employed Social Care Professionals	Local Authority Employed Educational Professionals
Wheelchair	Safety	✓	✓	✗
	Health	✓	✗	✗
	Wellbeing	✓	✗	✗
Pushchair/Buggy	Safety	✓	✓	✓
	Health	✓	✗	✗
	Wellbeing	✓	✓	✓
Walking Frame	Safety	✓	✓	✗
	Health	✓	✗	✗
	Wellbeing	✗	✓	✓
Acheeva	Safety	✗	✓	✓
	Health	✗	✓	✓
	Wellbeing	✗	✓	✓
Cot/Bed	Safety	✗	✓	✗
	Health	✓	✗	✗
	Wellbeing	✗	✓	✓
Transportable Beds	Safety	✗	✓	✗
	Health	✓	✓	✗
	Wellbeing	✓	✓	✓

Continued...

Enclosed Spaces	Safety	✗	✓	✗
	Health	✓	✓	✗
	Wellbeing	✗	✓	✓
Mattresses	Safety	✗	✓	✗
	Health	✓	✓	✗
	Wellbeing	✗	✓	✓
Car Seat	Safety	✗	✓	✗
	Health	✓	✓	✗
	Wellbeing	✗	✓	✓
Functional Seating	Safety	✗	✓	✗
	Health	✓	✓	✗
	Wellbeing	✗	✓	✓
Comfort Seating	Safety	✗	✓	✗
	Health	✓	✓	✗
	Wellbeing	✗	✓	✓
Communication Aid	Safety	✗	✓	✓
	Health	✓	✓	✓
	Wellbeing	✗	✓	✓
Radio Aid	Safety	✗	✓	✓
	Health	✓	✓	✓
	Wellbeing	✗	✓	✓
Visual Aid	Safety	✗	✓	✓
	Health	✓	✓	✓
	Wellbeing	✗	✓	✓
Video Monitor	Safety	✗	✓	✓
	Health	✓	✓	✓
	Wellbeing	✗	✓	✓

Continued...

Mobile Hoist	Safety	✗	✓	✓
	Health	✓	✓	✗
	Wellbeing	✗	✓	✓
Standing Frame	Safety	✓	✓	✓
	Health	✓	✓	✗
	Wellbeing	✗	✓	✓
Temporary Ramps	Safety	✗	✓	✗
	Health	✗	✓	✗
	Wellbeing	✗	✓	✗
Stairclimbers	Safety	✗	✓	✗
	Health	✗	✓	✗
	Wellbeing	✗	✓	✗
Arm Supports	Safety	✗	✓	✗
	Health	✓	✓	✗
	Wellbeing	✗	✓	✓
Toileting Aid	Safety	✗	✓	✗
	Health	✓	✓	✗
	Wellbeing	✗	✓	✓
Bathing Aid	Safety	✗	✓	✗
	Health	✗	✓	✗
	Wellbeing	✗	✓	✗
Shower Aid	Safety	✗	✓	✗
	Health	✓	✓	✗
	Wellbeing	✗	✓	✗

Continued...

Wheelchair Accessories	Safety	✓	✓	✗
	Health	✓	✗	✗
	Wellbeing	✓	✓	✓
Pushchair/Buggy Accessories	Safety	✓	✓	✗
	Health	✓	✗	✗
Cot/Bed Accessories	Safety	✗	✓	✗
	Health	✓	✓	✗
Car Seat Accessories	Safety	✗	✓	✗
	Health	✓	✓	✗
Seating Accessories	Safety	✗	✓	✗
	Health	✓	✓	✗
	Wellbeing	✗	✓	✓
Mobility Accessories	Safety	✗	✓	✗
	Health	✓	✗	✗
	Wellbeing	✗	✓	✓
Mobile Hoist/ Handling Accessories	Safety	✗	✓	✓
	Health	✓	✓	✓

If you need clarity regarding which professional to approach to support this application, please don't hesitate to call Newlife's Child and Family Support Team! Generally speaking, you should consider whether the qualification of the named professional is appropriate given the type of equipment and the need for the equipment. If the need for the requested equipment is to manage a child's postural needs then a physiotherapist, occupational therapist or nurse involved in providing ongoing care could complete the additional form. If the equipment is predominantly needed to address safety risks then a social worker, portage worker or occupational therapist providing social care support through your local authority could complete the form. Irrespective of who is named as an appropriate supporting professional, please ensure that they are aware you are sharing their details with us.

If there are problems getting a local professional employed by a statutory service to support an application, we can consider accepting a privately funded assessment or assessment completed by a professional employed by a different charity who provides regular support to the child. We do not normally fund private assessments for equipment, but can under exceptional circumstances.

## What are the possible outcomes?

In completing this application that highlights the need for equipment, you are accepting that Newlife's Child and Family Support Team can review the circumstances detailed in the application form and make one of four decisions that will be communicated to you at our earliest opportunity to try and avoid any distress:

### 1. Application Outcome – Offer of an Emergency Equipment Loan

You may be offered a fixed-term loan (normally initially for six months to meet short-term urgent needs) and during this loan we will help you explore how to get an assessment and/or secure financial support that meets your child's long-term needs. The equipment provided belongs to the charity and as such there are different terms and conditions associated with this option. This option is completely free and reserved for children who are at immediate risk of injury without the requested equipment and/or have a life-threatening/limiting condition or terminal illness and need equipment that we have within our equipment loan suite. The child also must be a permanent resident of the UK. Please note that the specifications of **Cots/Beds, Buggies, Hoists and Seating Systems** and their availability can be found at [www.newlifecharity.co.uk](http://www.newlifecharity.co.uk)

### 2. Application Outcome – Offer of an Equipment Grant

Depending on whether you receive particular benefits and therefore are assessed as being on a low-income, and also taking into account whether there is an urgent need for the requested equipment, will determine if you are offered 80% or 100% of the value of the requested equipment. If you are in receipt of certain benefits or the need for equipment is assessed by Newlife as urgent, you will not be asked to contribute to the cost of the equipment. If this isn't the case, we will ask you to fund 20% up to a ceiling of £2,000 privately or sought from another funding organisation. You must not place the order for the equipment yourself otherwise it invalidates the application.

### 3. Application Outcome – A commitment to seek funds for an Equipment Grant

We may be in a position where our assessment identifies that the need for the equipment is comparably less urgent, but we would want to afford a grant if we had the funds. So we will agree the grant 'in principle' and then try to secure the funds needed. In this situation, we can work with you and your local community and/or our existing supporters to seek funds specifically for your child. We will keep you up to date with our efforts, and will give you a clear timeframe during which we would hope to secure funds. This timeframe is individual to your application. You must not place the order for the equipment yourself, in the hope that we will commit funds.

### 4. Application Outcome – We are unable to commit funds

If, after due consideration, we find that we are unable to offer an emergency loan or an equipment grant, we will write to you as soon as possible so that you can be in a position to make an application to other organisations. We will endeavour to provide signposting information. Our decision not to commit funds, isn't our way of saying that the equipment isn't needed. It's just that demand is high and unfortunately funds may not be available at this time. You can apply multiple times each year.

The outcome is finalised through a thorough review of each application by the Child and Family Support Team. They will use professional knowledge and experience regarding the needs of children with disabilities, and the impact of equipment provision, to determine the extent to which we have enough information to make a decision. You can expect this outcome to be communicated in a compassionate and transparent way, but if you wish to complain or appeal the outcome, please email the Child and Family Support Team Senior Manager at [care@newlifecharity.co.uk](mailto:care@newlifecharity.co.uk)

# Equipment Application Form

## Who Is Completing This Form?

This form should be completed by someone with parental responsibility and/or the main carer of the child/young person who needs equipment. However, if a child/young person aged 12 or over wishes to be treated as the applicant and is usually regarded as capable of making decisions associated with their own care i.e. they have the mental and emotional development to make sound decisions, then Newlife commits to treating this child/young person as the applicant within the application for equipment.

As the applicant, please state if you are the: <input type="checkbox"/> Parent/Main Carer <input type="checkbox"/> Child/Young Person
<i>If the child/young person is to be contacted directly regarding this application, please still complete the section below to provide parent/carer details so that they can be informed and involved in future communications.</i>
If the recipient Child/Young Person is not the applicant, what is the relationship of the applicant to the child/young person?
Have you previously used any of Newlife's services? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Parent/Carer's Details

The details given below should relate to someone to whom the equipment ownership can be transferred if Newlife can provide the grant and. Ownership will be transferred upon receipt of the equipment being acknowledged to Newlife.

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Master <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (Please specify)		
First Name		Surname/Family Name
House No. & Street		
Town	County	Postcode
Is the child/young person living at the same address as you? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' please explain further:		
<i>In order to progress this application you need to give a daytime telephone number and email address that you check regularly. The other numbers are useful for ensuring timely provision of equipment.</i>		
Tel (daytime):		Tel (evening):
Tel (mobile):		Email:
Can you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your preferred language:



# Parent/Carer Demographic Information

This information can help us to shape our services and support communities throughout the UK. We may also use information within our fundraising applications to demonstrate the support we provide. Decision to withhold information will not affect the progress of your application.

Ethnic background	
White	<input type="checkbox"/> English/Scottish/Welsh/NI
	<input type="checkbox"/> Irish
	<input type="checkbox"/> Gypsy or Irish traveller
	<input type="checkbox"/> Any other white background
Mixed	<input type="checkbox"/> Mixed ethnic background
Asian/Asian UK	<input type="checkbox"/> Indian
	<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Chinese
	<input type="checkbox"/> Any other Asian background
Black/African / Caribbean/ Black UK	<input type="checkbox"/> African
	<input type="checkbox"/> Caribbean
	<input type="checkbox"/> Any other Black/African/ Caribbean background
Other	<input type="checkbox"/> Arab
	<input type="checkbox"/> Any other ethnic group
Prefer not to say	<input type="checkbox"/> Prefer not to say

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
Age	<input type="checkbox"/> 0-24 years <input type="checkbox"/> 25-64 years <input type="checkbox"/> 65+ years <input type="checkbox"/> Prefer not to say

## Religion or belief

<input type="checkbox"/> No religion	<input type="checkbox"/> Islam
<input type="checkbox"/> Christianity	<input type="checkbox"/> Sikhism
<input type="checkbox"/> Buddhism	<input type="checkbox"/> Other religion
<input type="checkbox"/> Hinduism	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Judaism	



## Need Support Or Information?

### Want To Speak With A Newlife Nurse?

Newlife's readily use confidential translation services. We want you to feel comfortable when raising sensitive questions or discussing important matters.

 **0800 902 0095**

Simply call (free from UK mobiles and landlines) and inform a Nurse of your preferred language.

Newlife Nurses will provide caring emotional support and useful information regarding:

- Access to health & social care professionals.
- Rights & benefits.
- Local & national services.
- Delivery of care in the community.
- Rare & complex conditions.

As the child/young person's main carer, are there any health conditions/disabilities or mental health difficulties, which affect your ability to provide care? e.g. back problems, etc.

☐ Yes ☐ No

*Please provide as much detail as possible as Newlife's Child and Family Support Team try to consider the difference that equipment provision makes, to the main carer's ability to deliver care.*

Have you received a Carer's Assessment? ☐ Yes

*If 'Yes', did you receive any additional care/support following the assessment?*

As the child/young person's main carer, are you receiving any of the following types of support (tick any that apply):

- ☐ Day Respite ☐ Night Respite ☐ Short Breaks ☐ Early Help ☐ Portage ☐ Family Support Worker  
☐ Special Needs Groups ☐ Holiday Play Schemes ☐ Other (Please specify)

*We are keen to ensure that parent/carers are accessing appropriate levels of support.*

**Do you receive any of the following benefits (tick any that apply)?**

- |   |  |
|---|--|
| <input type="checkbox"/> Income Support   | <input type="checkbox"/> Housing benefit   |
| <input type="checkbox"/> Job Seekers Allowance  | <input type="checkbox"/> Council Tax Relief  |
| <input type="checkbox"/> Employment and Support Allowance   | <input type="checkbox"/> Blue Badge  |
| <input type="checkbox"/> Pension Credit   | <input type="checkbox"/> Personal Independence Payment   |
| <input type="checkbox"/> Universal Credit   | Disability Living Allowance (care component) <input type="checkbox"/> Standard <input type="checkbox"/> Enhanced |
| Disability Living Allowance (mobility component) <input type="checkbox"/> Standard <input type="checkbox"/> Enhanced <input type="checkbox"/> Lease of vehicle through Motability |  |

**How much do you receive from these benefits and do you have any ongoing commitments regarding the use of these payments?**

## Child/Young Person's Details

This section is designed to capture the details of the child/young person who will be using the equipment following a successful application.

First Name		Surname/Family Name	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say		Date of Birth DD/MM/YYYY	
National Insurance Number		NHS Number	
Is the ethnic background, religion or belief of the child/young person the same as the Parent/Carer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'No', please specify:</i>			
Residency Status: <input type="checkbox"/> Limited Leave to Remain in UK <input type="checkbox"/> Indefinite Leave to Remain in UK <input type="checkbox"/> Permanent UK Resident			

How would you describe the child/young person's family situation? (tick any that apply)		
<input type="checkbox"/> Living with both parents (include step-parents)	<input type="checkbox"/> Court issued Special Guardianship Order	<input type="checkbox"/> Residing in School
<input type="checkbox"/> Living mainly with one parent	<input type="checkbox"/> Looked After Child (Local Authority has parental responsibility)	<input type="checkbox"/> Residing in Care Home
<input type="checkbox"/> Living with care given, at different locations, by both parents	<input type="checkbox"/> Fostered	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Court issued Child Arrangement Order	<input type="checkbox"/> Adopted	

Are there any other children or siblings of the child/young person, living in the same home? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please give their gender, age and state if they have any significant health conditions/disabilities:
<i>In providing this information, our Newlife Nurses will consider the implications of provision on other children/siblings.</i>
Has your home been adapted to meet the child/young person's needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Please tell us about the child/young person's condition/disability:
Is this condition/disability diagnosed? <input type="checkbox"/> Yes <input type="checkbox"/> No

What is the cause of the condition/disability?

☐ Prematurity ☐ Genetic ☐ Infection ☐ Trauma ☐ Cancer ☐ Unknown ☐ Other (Please specify)

Is it considered to be a:

☐ Significant disability? ☐ Life threatening condition? ☐ Life limiting condition? ☐ Terminal illness?

*Newlife defines a significant disability as being a physical and/or cognitive impairment which affects activities of daily living.*

*A life-threatening condition should be defined as a condition whereby the next period of ill health would make it likely that life sustaining intervention would be needed. Newlife defines a life-limiting condition as a condition that results in a shortened life expectancy, as opposed to having limited life experiences that could affect quality of life. A terminal illness is generally defined as not being expected to live longer than six months and/or a person who has an advanced care plan to meet end of life care needs.*

Is the child/young person subject to a Medical Negligence Claim or Award? ☐ Yes ☐ No

*If 'Yes', have payments for medical compensation been received or being sought?* ☐ Yes ☐ No

If they are old enough to do so, can you describe how the child/young person gets about? If too young to move around independently, do not select an option.

☐ Walk unaided ☐ Walk using aids ☐ Unable to walk ☐ Crawl ☐ Other (please specify):

Can the child/young person maintain head control by themselves? ☐ Yes ☐ Partially ☐ No

Can the child/young person bear their own weight? ☐ Yes ☐ Partially ☐ No

Does the child/young person have:

- |  |   |
|--|---|
| <input type="checkbox"/> Any spine, limb or hip problems, which affect their walking or sitting? | <input type="checkbox"/> Any hearing impairment?                |
| <input type="checkbox"/> Poor muscle control in any part of their body?                          | <input type="checkbox"/> Any difficulties with speech?          |
| <input type="checkbox"/> To be hoisted to transfer between positions?                            | <input type="checkbox"/> Any difficulties with toileting?       |
| <input type="checkbox"/> Any difficulties with breathing?  | <input type="checkbox"/> Any difficulties with sleeping?        |
| <input type="checkbox"/> Epileptic seizures?   | <input type="checkbox"/> Any difficulties understanding danger? |
| <input type="checkbox"/> Any type of digestive, stomach or bowel problems?                       | <input type="checkbox"/> Any challenging behaviours?            |
| <input type="checkbox"/> Any sight impairment?   |   |

*To what extent are these needs controlled/managed through medication or therapies?*

Does the child/young person have any allergies or sensitivities? ☐ Yes ☐ No

*If 'Yes' please list below:*

Do you have paid carers visit your home to support you in looking after your child/young person? ☐ Yes ☐ No

*If 'Yes', how is this care funded:*

# Local Health, Social Care and Educational Services

Please identify if there are any reasons why you wouldn't want us to discuss this application with local NHS and Social Care Services:

## Health Services

Does the child/young person receive continuing health care (CHC) funding from the NHS? ☐ Yes ☐ No ☐ In Process

Is your child/young person awaiting hospital admission for surgery or tests? ☐ Yes ☐ No

Is the child/young person currently in hospital? ☐ Yes ☐ No

Is equipment needed for hospital discharge? ☐ Yes ☐ No ☐ Don't know

*If 'Yes', please provide a discharge date:*

Does the child use the services of a Hospice? ☐ Yes ☐ No

*If 'Yes', please provide the address of the hospice:*

Please give the name of the child/young person's General Practitioner, surgery name, address and their telephone number:

Which professionals have provided care to this child/young person in the past two years? Please give their role and where possible, details of their employer and the care setting within which they deliver care; e.g. Physiotherapist, funded by NHS, delivering treatment in school.

## Social Care Services

Is there currently a Social Worker involved in the child's care? ☐ Yes ☐ No

*If 'Yes', please provide contact details:*

Does the child/young person receive social care funding from their Local Authority? E.g. direct payments or funding for respite/short breaks. ☐ Yes ☐ No ☐ In Process

Are there any safeguarding concerns related to this child/young person? ☐ Yes ☐ No

*If 'Yes', please give details that are relevant to this application for equipment:*

If 'Yes', please state if they are: ☐ Current concerns ☐ Historical concerns

Please provide additional details about the extent to which any current or historical concerns are relevant to this application:

*As an organisation that isn't directly involved in the child's care, a historical perspective of safeguarding concerns can be helpful when understanding the reason for this application.*

Has a behavioural management plan been developed to support the child in their home/community?

☐ Yes ☐ No ☐ In Process

*If yes, please provide information about how well it is implemented:*

If deemed relevant to this application, would you be happy to share a copy of the child/young person's behavioural management plan? ☐ Yes ☐ No

*If 'Yes', this will be specifically requested and does not need to be provided when submitting this application.*

### Educational Services

If old enough to attend school, does the child/young person go to a:

- ☐ Mainstream school
- ☐ Mainstream school and has support/extra/special lessons
- ☐ Mainstream school and uses a special unit
- ☐ Attends a special school
- ☐ Is educated in a different way, please give details:

Is the child/young person's education: ☐ Independently funded ☐ Local authority funded ☐ Unsure

Does the child/young person have an Education, Health and Care Plan (EHCP) or Statement?

☐ Yes ☐ No ☐ In Process

*If 'Yes', when is it due its annual review:*

If deemed relevant to this application, would you be happy to share a copy of the child/young person's EHCP or Educational Statement? ☐ Yes ☐ No

*If 'Yes', this will be specifically requested and does not need to be provided when submitting this application.*

Has a behavioural management plan been developed to support the child in their school?

☐ Yes ☐ No ☐ In Process

*If yes, please provide information about how well it is implemented:*

If deemed relevant to this application, would you be happy to share a copy of the child/young person's behavioural management plan? ☐ Yes ☐ No

*If 'Yes', this will be specifically requested and does not need to be provided when submitting this application.*

## Supporting Professional's Details

Please be aware that in order to be compliant with the General Data Protection Regulations (2018) then you must have received as a minimum verbal confirmation from the professional, to be named below, that they are willing to have their details shared with Newlife.

What is the name of the professional supporting this application?	What is the professional's job title?
Who is their employer?	What is their telephone number?
What is their email address? <i>It is vital that we have an email address for the named professional so that we can request that an additional form is completed. If this additional form is not completed, an equipment grant cannot be provided.</i>	
Please describe the extent to which this named professional provides direct ongoing support to the child/young person:	
Has this professional been informed that you are applying to Newlife? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this professional carried out an assessment of the child/young person's needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process	
Has this professional carried out a risk assessment regarding use of the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process	
Following this assessment, has a particular equipment supplier identified an appropriate specification of equipment, and was the professional named above involved in this? <i>If 'Yes', please name the equipment supplier and provide the date the specification was agreed:</i>	
<i>The quote associated with purchasing this equipment, provided at this assessment, must be provided to Newlife. This can be attached to the application when submitted or emailed to <a href="mailto:careadmin@newlifecharity.co.uk">careadmin@newlifecharity.co.uk</a></i>	

## Equipment

Please tell us about the equipment that you hope Newlife will be in a position to fund ensuring you name the brand/make and model of the equipment. This will also need to be specified by the named professional whose details you have provided:
Does the child/young person currently have use of this type of equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain why this equipment no longer meets their needs:

Please tell us how the child/young person is affected by not having this equipment:

**Please answer these questions to demonstrate how the requested equipment will benefit the child/young person and their immediate family:**

Will this equipment give the ability for the child's pain to be reduced? ☐ Yes ☐ No

Will this equipment give the ability for the child to be comfortable? ☐ Yes ☐ No

Will this equipment give the ability for the child to be safe from physical injury? ☐ Yes ☐ No

Will this equipment give the ability for the child to access their local community or leisure activities? ☐ Yes ☐ No

Will this equipment give the ability for the child to have improved mental health/wellbeing? ☐ Yes ☐ No

Will this equipment give the ability for the child to socialise and build/maintain relationships? ☐ Yes ☐ No

Will this equipment be provided to give ability for the child to travel safely? ☐ Yes ☐ No

Will this equipment give the ability for the child to access/improve their education? ☐ Yes ☐ No

Will this equipment give the ability for the child to achieve aspirational goals? ☐ Yes ☐ No

Will this equipment give ability to the child by improving their health outcomes? ☐ Yes ☐ No

Will this equipment give the ability for the child to be discharged home from a hospital or hospice? ☐ Yes ☐ No

Will this equipment give the ability for the child to achieve greater personal mobility? ☐ Yes ☐ No

Will this equipment give the ability for the child's quality of sleep to be improved? ☐ Yes ☐ No

Will this equipment give the ability for the child to safely reduce dependence of medication/treatments? ☐ Yes ☐ No

Will this equipment give the ability for the child to improve their communication? ☐ Yes ☐ No

Will this equipment give the ability for the child to receive/achieve an end of life care plan? ☐ Yes ☐ No

Will this equipment give the ability for the child to achieve greater independence? ☐ Yes ☐ No

Will this equipment give the ability for the child's family to access respite support? ☐ Yes ☐ No

Will this equipment give the ability for the child's family to improve access to their local community/leisure activities?  
☐ Yes ☐ No

Will this equipment give the ability for the child's family to remain safe? ☐ Yes ☐ No

Will this equipment give the ability for the child's family to have improved mental wellbeing? ☐ Yes ☐ No

Will this equipment give the ability for the child's family to deliver improved care in the home/community? ☐ Yes ☐ No

Will this equipment give the ability for the child's family to feel less isolated? ☐ Yes ☐ No



Are there any reasons why this application should be considered urgent? ☐ Yes ☐ No

If yes, please provide details:

Is the equipment requested, for use at a different address than the child's home? ☐ Yes ☐ No

If 'Yes' please provide the address:

Please tell us about all the other equipment that the child/young person currently uses on a daily basis, and how it was funded:

Have you been told by local Health, Social Care or Educational Services that they will contribute funding towards the equipment? ☐ Yes ☐ No

If applying for a wheelchair/buggy, have you been offered vouchers or a Personal Wheelchair Budget (PWB) from wheelchair services? ☐ Yes ☐ No

If 'Yes', please provide the name of this service provider and state how much:

*If further details are required, this will be specifically requested and does not need to be provided when submitting this application.*

Have your local Health or Social Care Services offered you appropriate equipment already, which you have not accepted?

☐ Yes ☐ No

If yes, please state the reason for not accepting:

Have you already made an application for this equipment to another charity? ☐ Yes ☐ No ☐ In Process

If 'Yes', please state the name of the charity. If you are unsure of the outcome yet please say when you are likely to be informed.

*We often work with other charities to part fund equipment, so this information is important.*

If we are unable to fund the full value of the requested equipment, how would you intend to fund your contribution:

☐ Privately/family funded ☐ Charity/trust ☐ Unsure

Would you like to make an additional donation towards the cost of the equipment? ☐ Yes ☐ No

If 'Yes', how much?

# Terms and Conditions

In submitting this application, you are agreeing that:

1. All the information given in this application process is accurate and representative of the need for this service.
2. Newlife is not obliged to make provision in respect of this application and all funding decisions are at the discretion of Newlife.
3. In the process of clarifying the content of this application, it is implicit that we can contact and share personal information and the content of this application form with statutory services.
4. In the process of arranging delivery of equipment, it is implicit that we must share personal information with trusted third-party companies who deliver this service to your home. Our agreements restrict their ability to use this data outside of the intended purpose for which it was provided.
5. The equipment requested and supplied must be solely used for the benefit of the child/young person indicated in this application.
6. The Equipment may be provided to you as a charitable act. We will therefore only be responsible for any loss or damage that you suffer in connection with this agreement, to the extent that we are able to claim for such loss or damage under our insurance.
7. Following delivery of equipment, we will contact you to gather feedback on the service you received and the difference made by the use of the equipment.

If an equipment grant is offered (long term provision), you are agreeing that:

1. Newlife may offer new or fully refurbished quality equipment.
2. Any order placed for equipment prior to Newlife committing funds will invalidate this application and any subsequent grant offer.
3. After delivery of the equipment, and once you have signed to accept delivery of it, the ownership of this equipment is automatically transferred from Newlife to the named parent/carer for sole use by the named child. If the equipment appears to have been delivered in any state of disrepair please refuse delivery and follow up with Newlife while it remains our order. Signing for the delivery means that it will be your responsibility to raise issues/concerns with the equipment supplier.
4. Newlife accepts no liability for the costs or arrangement of: maintenance, care, adaptation, operation or public liability once the equipment has been accepted by the applicant.

If an emergency equipment loan is offered (fixed term provision), you are agreeing that:

1. You won't use the Equipment until you have received the initial training which will be provided by one of our designated agents or a qualified health professional. We need you to agree to always follow all instructions and recommendations provided to you, by us or the manufacturer or supplier of the Equipment. This training will cover, amongst other things, health and safety aspects and guidance for looking after the Equipment during the Loan Period and is necessary to ensure that the Equipment will be safe and without risk to health and safety when properly being used by the child/young person.
2. The equipment loan is for around 6 months. Within this 6 month period, if you no longer need the Equipment, you should tell us as soon as possible and we will arrange for the Equipment to be collected from your home. This will usually be within 3 working days but we will agree a date suitable for you. If you need it for longer than 6 months we will liaise with you and your professional regarding an extension or change of provision.
3. If the equipment becomes unsuitable for your child to use due to changes in need or circumstances, you will inform us. We reserve the right to reassess the individual needs of the child, and potentially alter provision to receive an equipment grant rather than equipment loan.
4. The equipment remains the property of Newlife and we retain the right to recall the equipment. This notice would normally be, but does not need to be, given in writing.
5. To take all reasonable steps to ensure that the Equipment is properly looked after. If the Equipment is lost or stolen whilst it is in your possession then you must let us know as soon as possible. We need you to agree to contact us directly if something goes wrong with Equipment (including, if the Equipment is damaged) whilst it is in your possession. We will arrange for Equipment to be inspected and repair or replaced.
6. Newlife will insure against all loss, theft or damage to the Equipment; public liability; and product liability whilst you are in possession of the Equipment. Our insurance covers the Equipment whilst it is in the United Kingdom and for up to 90 days in other countries of the European Union. For use outside of these conditions, you will need to contact us to get approval. Under these circumstances, you may need to personally insure the item. You need to understand that you may also be held responsible, if you seriously misuse the Equipment or use it whilst it is knowingly faulty.

## Family Declaration

Newlife the Charity for Disabled Children are the 'Controllers' of the personal data and health information we collect. We need to collect and process certain information to allow us to provide the requested service. To see Newlife's full privacy notice, please visit [www.newlifecharity.co.uk](http://www.newlifecharity.co.uk)

If you would like to know more about what we do, or help us in other ways that could help change the lives of disabled children and their families then please tick the boxes below. The permissions associated within this section refer to the applicant's details rather than anyone else referred to in the application:

Do you agree to receive additional information about Newlife's Child and Family Support Services? ☐ Yes ☐ No

*If 'Yes', we will contact you initially to provide details about all of our Child and Family Support Services and then as we develop and update each individual service.*

Do you agree to Newlife providing the child/young person's name, age, residential county and description of their condition and reason for why you need the equipment to donors and supporters to demonstrate how equipment can change young lives demand for services and encourage financial donations? ☐ Yes ☐ No

*If 'Yes', we will share this information because we know that our supporters are inspired to help again when we tell them about the children we have helped. So it's important, that we can share some basic information. This is common with most charities who are highly dependent on the public to help them meet the needs of children and their families.*

Do you agree to provide a photo of the child/young person that could be used to highlight their specific need for the equipment within this application? ☐ Yes ☐ No

*If 'Yes', please note that this can be sent by email to [careadmin@newlifecharity.co.uk](mailto:careadmin@newlifecharity.co.uk) or by Royal Mail standard delivery.*

Would you be happy to speak to our media team to explore using the press to:

raise funds for the requested equipment? ☐ Yes ☐ No

raise awareness of this service? ☐ Yes ☐ No

*If 'Yes', we may be able to improve the likelihood of funding the equipment by appealing for support through your local press. You can expect the media team at Newlife to call you to discuss generating and sharing a media story about the child/young person's need for the equipment and help provide funding for the equipment earlier than if it was not undertaken. Please note that the use of your child's photograph is essential for use in local media.*

Would you be happy to speak with our fundraising team to explore opportunities to engage with supporters and donors to:

raise funds for the requested equipment? ☐ Yes ☐ No

raise funds to support the wider work of the charity? ☐ Yes ☐ No

*If 'Yes', there are many different ways we can support you to build up donations towards funding this equipment. Our fundraising team would be happy to share their experience with you and support any future fundraising activities.*

Would you be interested in speaking to our volunteering team about wider opportunities to support the charity?

☐ Yes ☐ No

Do you consent to allow Newlife to share your personal data with third parties to help Newlife analyse what we do?

☐ Yes ☐ No

*In these cases Newlife will remain the Data Controller but will simply share your data for the purpose of data analysis only. In all cases we will use a non-disclosure agreement to ensure that the third party does not misuse any data provided.*

For all the questions above where we ask you if you are happy to be contacted by a Newlife team, other than the Child and Family Support Team, please specify your preferred method of contact: ☐ By post ☐ By email ☐ By phone

**Family Declaration**

By ticking the statements below and signing this form, I \_\_\_\_\_ (name of parent/carer) agree to the terms and conditions (as stated above), confirm that the provision of equipment is necessary and essential to support the named child within this application, and also confirm that this child meets the following criteria:

- ☐ A UK resident.
- ☐ Has a significant disability which affects their daily life, a life threatening/life limiting condition or has been diagnosed as terminally ill.
- ☐ Under 19 years of age.

Name:

Signature:



Date

**Please ensure you provide us with the details within this checklist if they are applicable to your application:**

- ☐ Supporting Professional Contact Details
- ☐ Supplier Quote (if the equipment being requested is not equipment that can be loaned to you by Newlife, you will need to provide a quote that provides the make/model of the equipment needed and the associated cost)
- ☐ Photo of Child/Young Person (if you have said yes to providing this)
- ☐ Your email address (to keep you updated on the progress of your application)