



the brain injury association

Headway Emergency Fund: Postal application form **Supported by The Stewarts Law Foundation**

Why does the fund exist?

The Emergency Fund provides grants of **up to £500** in the immediate aftermath of brain injury, to help adult brain injury survivors and their families cope with the sudden practical implications.

Who can apply?

Anyone may apply to the Headway Emergency Fund. We are unable to support applicants who do not reside in the United Kingdom.

Only one application per survivor of a brain injury can be considered.

The purpose of the Headway Emergency Fund is to support families facing an increased financial burden following a brain injury. The fund is limited, so Headway will take into account the financial situation of each applicant when allocating funds and prioritise those with limited resources. We cannot consider applications for families with savings of more than £1000.

What support can we provide?

- Travel costs for families visiting relatives in hospital or rehabilitation
- Travel costs to outpatient appointments relating to the brain injury
- Emergency accommodation costs
- Essential white goods, e.g. a cooker or a fridge
- Other family costs in the immediate aftermath of brain injury
- A one week self-catered carer's break at a cottage in Pickering, Yorkshire

We are unable fund:

- Taxi journeys
- Food
- Debts
- Utility bills
- Items or services that are the responsibility of the local authority or NHS to provide
- Mortgage or rent payments
- Everyday household expenses
- Private medical treatment
- Childcare
- Funeral costs

Please note that there must be a link between the request and the brain injury.

How to apply

Please complete this form and send back to us using the contact details on page 7. This form is for postal or faxed applications only. **Please ensure you have signed the declaration page (page 7) before submitting your application.**

To make an application online, please visit <https://www.headway.org.uk/supporting-you/headway-emergency-fund/>.

What happens next?

There are three stages to processing your application:

1. Once we have received the application form, we will contact the applicant and the person in need of the grant (if applicable) for further information.
2. We require confirmation of the brain injury from a medical professional, Headway group/branch, HATS nurse or with an NHS letter. This will be discussed during the initial call with you.
3. Your application will then be assessed. We will be in touch as soon as we have an outcome.

Administration

Once we have all the information we require, we will endeavour to make a decision as soon as possible. The decision will be final and we will not enter into further correspondence with applicants.

Whether an application is successful or not, Headway staff and volunteers will endeavour to secure alternative assistance or appropriate signposting for applicants.

Contact us

If you have any questions about the Emergency Fund application process or how to complete this form, please feel free to get in contact.

E-mail: emergencyfund@headway.org.uk

Telephone: 0208 640 8413

All applications will be treated in the strictest confidence.



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Headway Emergency Fund: Postal application form

Please visit <https://www.headway.org.uk/supporting-you/headway-emergency-fund/> to complete this form online.

1. About the person who has sustained the brain injury

| | | | |
|--|--|---------------------------------|--|
| First name*: | | | |
| Last name*: | | | |
| Address*: | | | |
| Post code*: | | Date of birth* (dd/mm/yyyy): | |
| Cause of brain injury*: | | | |
| Date of brain injury* (dd/mm/yyyy): | | | |

| | |
|--|--|
| Is the person who sustained the brain injury currently in hospital or rehabilitation? Yes / No If 'yes': | |
| Name of hospital: | |
| Address of hospital: | |
| Ward: | |
| Consultant's name: | |

2. About the person who will receive the grant

| | | | |
|---|--|--------------|--|
| First name: | | | |
| Last name: | | | |
| Address: | | | |
| Post code: | | | |
| Mobile number: | | Home number: | |
| Email address: | | | |
| Relationship to the person with the brain injury: | | | |

3. Professionals / clinicians applying on behalf of someone else

Please enter your details here if you are making this application as a professional or clinician. Otherwise, please go to section 4.

| | | | |
|-------------------------|--|--------------|--|
| Job title: | | | |
| First name: | | | |
| Last name: | | | |
| Employing organisation: | | | |
| Address of workplace: | | | |
| Post code: | | | |
| Mobile number: | | Work number: | |
| Email address: | | | |

4. Individuals applying on behalf of someone else

Please enter your details here if you are an individual making this application on behalf of someone else. Otherwise, please go to section 5.

| | | | |
|--|--|--------------|--|
| First name: | | | |
| Last name: | | | |
| Address: | | | |
| Post code: | | | |
| Mobile number: | | Home number: | |
| Email address: | | | |
| Relationship to the person needing help: | | | |

5. Reason for applying for emergency funding

Please explain why the grant is required. This should include information about the financial situation (please continue on a separate sheet if necessary):

Before completing this section, please read 'What support is available' (page 1).

Amount required: £

*The Headway Emergency Fund can make grants of **up to** £500 for families with limited savings. This ensures we direct our limited resources to those without access to other means of help.*

Please provide a breakdown of how the grant will be spent:

6. Source of Information

Where did you hear about the Headway Emergency Fund?

7. Further support

Is the family in contact with their local Headway group or branch?

Yes / No

If so, please tell us which:

Has the person with the brain injury served in the armed forces? Yes / No

8. Savings of the person needing help

Does the family requiring help have savings of more than £1,000? Yes / No

9. Declaration*

Please ensure this section is signed before returning the form.

I hereby give consent for Headway to contact relevant medical professionals, legal representatives and other appropriate organisations on my behalf in order to verify the information provided on this form, as well as to request other assistance which would be beneficial to the person with a brain injury.

I declare that the information provided above is true and accurate and that the person requiring help is in genuine need of emergency funds.

| | | | |
|-------------|--|-------|--|
| Signed: | | Date: | |
| Print Name: | | | |

How to submit the application form

Please return the completed form to us by:

Post: Headway Emergency Fund
Unit 1, College Fields
16 Prince George's Road
London
SW19 2PT

Fax: 0208 640 5066

Grant repayment

There is no obligation to repay the Emergency Fund. However, in the event that you decide to make personal injury claim, we would ask that you add any grant awarded to your claim, and make it recoverable by the Headway Emergency Fund. If successful, this would help us to continue meeting the needs of others, at no additional cost to the recipient of the grant.