

## EMERGENCY FUND: APPLICATION FORM

### 1. About the person who has sustained the catastrophic injury

First name:
Last name:
Address:
Post code:
Date of birth (dd/mm/yy):
Cause of injury?
Date of injury (dd/mm/yy):
Occupation:
Nationality/language spoken:

Is this person who sustained the injury currently in hospital or rehabilitation?

Yes

No

If yes:

Name of hospital:
Address of hospital:
Ward:
Consultant's name:
Telephone:
What type of injury has been sustained? <input type="checkbox"/> Brain <input type="checkbox"/> Spinal <input type="checkbox"/> Multiple injuries <input type="checkbox"/> Serious burns <input type="checkbox"/> Amputation <input type="checkbox"/> Other

## 2. About the person who will receive the grant

First name:
Last name:
Address:
Post code:
Mobile No.
Email address:
Relationship to the person with the 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 5.

Job title:	
First name:	
Last name:	
Employing organisation:	
Address:	
Post code:	
Mobile No.	Work No.
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 No.	Home No.
Email address:	
Relationship to the person with the injury:	
Nationality/language spoken:	

## 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).

Amount required:

The Emergency Fund will be evaluated on a case by case basis. Awards will be based upon the information you provide. Please provide a breakdown of expenses that the grant will fund:

## 6. Source of Information

Where did you hear about the Emergency Fund?

- Solicitor
- Website
- Google
- Charity
- Other

## 7. Further advice and support

We can also provide a free consultation to help you and your family through a catastrophic injury. If there are any other legal concerns we can provide legal guidance or advice in relation to:

- Pursuing a personal injury claim
- Your employment
- Your financial situation
- Your accommodation
- Access to welfare benefits and care packages
- Power of attorney/deputyship
- Links to local and national charities to assist you

## 8. Declaration:

Please ensure this section is signed before returning the form.

I hereby give consent for Hugh James 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 catastrophic 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: \_\_\_\_\_

