



ROUSAY, EGILSAY & WYRE DEVELOPMENT TRUST

MEDICAL SUPPORT EQUIPMENT GRANT APPLICATION FORM

REWDT is operating a Medical Support Equipment grants scheme that is open to applications from residents on Rousay, Egilsay or Wyre.

- Maximum funding of up to £500 per REW resident and is limited to one application per resident. This funding will be for support equipment for medical reasons.
- Applicants must be permanent residents on Rousay, Egilsay or Wyre.
- Applicants must obtain a letter on headed paper which is written and signed by a qualified medical/health practitioner which states the purchase of the equipment would benefit the applicant. For example, this may be from your Doctor or Nurse Practitioner.
- **Applications must be submitted and approved before expenditure is made.**
- Once the grant is approved the equipment can be purchased. Funds will be reimbursed to the applicant's bank account presentation of an invoice or receipt or directly to the supplier.
- Should the applicant move from Rousay, Egilsay or Wyre within 12 months of the grant award, applicants will be expected to reimburse the grant award funds to REWDT.
- Should the applicant wish to subsequently sell the equipment they will need written permission from REWDT.

PLEASE PRINT YOUR ANSWERS CLEARLY:

Applicant Name:	
Address:	
Address:	
Postcode:	
Tel No:	
Email:	

Equipment details:

Equipment cost:
£

Office Use Only:

Fund:	Approval:	Date:
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How much are you applying to REWDT for? (maximum £500)

£

I certify I am a permanent Rousay, Egilsay or Wyre resident and that the above address is my primary residence. (Please tick to confirm)

I have included a letter with my application form which is written by a registered Doctor or Nurse Practitioner which supports my application. (Please tick to confirm)

Declaration by Applicant:

By completing this form, I agree for my personal data to be held for use in connection with this grant, until the grant is closed either by completion, ineligibility, or because I/we/the organisation no longer wish to proceed with the application (please let us know).

Signature:

Name:

Signed:

Date:

Please return the completed form to REWDT, Gowsterie, Rousay KW17 2PT or email to grants@rewdt.org

Office Use Only:

Fund:

Approval:

Date: