

**EQUIPMENT FOR DISABLED CHILDREN**  
 (for the Guildford area served by The Royal Surrey County Hospital)  
 Charity Reg No:- 1028286

Chairman: Mrs C. Ward

Address for applications: Mr I Barrett, 2, Heatherfield Cottages, Beacon Hill Road, HINDHEAD, Surrey, GU26 6QJ

**CONFIDENTIAL**

**APPLICATION FOR EQUIPMENT**

DETAILS OF CHILD: Name of child: _____ Name of parent/carer: _____ Address: _____ E-mail address: _____ Postcode: _____ Tel. No: _____ Child's Date of Birth: _____	
EQUIPMENT REQUESTED:	
REASON FOR APPLICATION: (Please include diagnosis of child's condition)   How urgently is the equipment required? _____ <span style="float: right;">(Continue on separate sheet if necessary)</span>	
SUPPLIER OF EQUIPMENT: Name: _____ Address: _____ Postcode: _____ Tel. No: _____	
FULL COST OF EQUIPMENT (including delivery & VAT)	
HEALTH PROFESSIONAL RECOMMENDING EQUIPMENT Name: _____ Position: _____ Address: _____ E-mail address: _____ Postcode: _____ Tel. No: _____ Signature: _____ Date: _____	
DELIVERY ADDRESS (if not child's home address)	
OTHER INFORMATION (*Delete as appropriate) Is this equipment normally provided by Health, Social Services, or Education? Yes/No* If Yes: Which service: _____ Health/Social Services/Education* Has an application been made to this service? Yes/No* If Yes, what was the result? _____ Does the child attend the Royal Surrey County Hospital? Yes/No* If Yes, which consultant? _____	
APPLICANT Name: _____ Signature: _____ Date: _____	
FOR CHARITY USE Committee Decision: _____ Date: _____	

## **EQUIPMENT FOR DISABLED CHILDREN**

### **APPLICATION FOR EQUIPMENT - PROCEDURE**

N.B. All information given in this application will be treated in the strictest confidence by EDC.

The applicant may be the child's parent, carer, or a health professional currently treating the child.

Please complete the accompanying application form. The following notes will clarify what information is needed. Please supply, if possible, all the information requested as this will minimise the time taken for the application process and purchase of the equipment, if approved.

- 1 **EQUIPMENT REQUESTED:** A brief description is all that is required. If possible, please obtain a full quotation from the supplier, especially if multiple accessories are needed. Alternatively, a photocopy of the relevant catalogue page would be useful, with the requested equipment and catalogue number highlighted.
- 2 **REASON FOR APPLICATION:** Please give the diagnosis of the child's condition and a brief explanation of how the equipment will help the child. Please also indicate how urgent the need is.
- 3 **COST OF EQUIPMENT:** Please state the current cost of the equipment and whether the price includes delivery and VAT.
- 4 **HEALTH PROFESSIONAL RECOMMENDING EQUIPMENT:** The recommendation of a health professional currently treating the child must be obtained. This is simply to ensure that the equipment requested is the most suitable for the child's needs.
- 5 **Submit the completed application form with quotation or catalogue page (if possible) to EDC at the address at the top of the form.**
- 6 **When the committee has reached a decision, the applicant will be informed of the outcome.**
- 7 **If the application is approved, the equipment will be ordered on the applicant's behalf and delivered directly to the child.**

If you require any further assistance in completing this form or information about the charity please contact:

Ivor Barrett, 2 Heatherfield Cottages, Beacon Hill Road, Hindhead, Surrey, GU26 6QJ

OR

e-mail: [info@e4dc.org.uk](mailto:info@e4dc.org.uk)