

# Conference Access Fund Application Form



Scotland 2008

**Please read this box carefully before you begin filling in this form**

Ataxia UK has set aside some money for the Scottish Conference 2008 to help delegates in need to meet up to half the cost of the conference.

The Access Fund will be allocated to help people with ataxia, their parents or their carers where a carer's support is necessary, to attend the conference. Grants can be awarded for travel, accommodation and the conference day delegate carers. ***The conference (day delegate rate) is free for all those with ataxia.***

The Access Fund will be awarded on a 'first come, first served' basis. **Therefore, the sooner you apply for funding, the greater your chance of receiving a grant from the Access Fund.**

## Who can apply for the Access Fund?

- Anyone with ataxia and their carer/partner who would like to attend the conference, and,
- Who is unable to afford the fee, and
- Who is in receipt of either incapacity benefit **or** Income Support

## How to apply

Please complete all sections of the form.

It is important to provide as much information as you can, so that your application can be dealt with speedily. All information will be treated in confidence.

**If you have a query or need help completing the form,** please contact Asantwaa Brenya at Ataxia UK on - Tel: 020 7582 1444 Fax: 020 7582 9444 Email: [office@ataxia.org.uk](mailto:office@ataxia.org.uk)

## Part 1 About you (the applicant)

Title:	_____	Address:	_____
Forename:	_____		_____
Surname:	_____		_____
Telephone:	_____		_____
Email:	_____	Postcode:	_____
Mobile Number:	_____		

What **type** of ataxia do you have? \_\_\_\_\_

**When** were you diagnosed? (please give the year) \_\_\_\_\_

*Please note: Ataxia UK is committed to helping people affected by ataxia, and equal consideration will be given to each application, whether you are a Friend or not.*

Are you a **Friend** of Ataxia UK?  Yes  No

If so, please quote your Friend's Number:

Friend's Number: \_\_\_\_\_

Are you a member of a **branch** of Ataxia UK?

If so, please give the name of that branch:

Branch name: \_\_\_\_\_

## Part 2 About your income/benefits

You must sign below and provide photocopies to be eligible

**I confirm that I am in receipt of either income support or incapacity benefit.**

Signed: \_\_\_\_\_

**Please send photocopies of paperwork proving you are in receipt of either of these benefits.**

## Data Protection

Ataxia UK, its employees and volunteers, will keep your personal details and those of any family member you have mentioned in your application secure. The information given on this form will be used solely for the purpose of considering your request.

**Please sign below:**

**To the best of my knowledge, the information supplied in this application is correct. I have read, understood and accept the Data Protection statement.**

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send the completed form and photocopies of benefit information to:**

**Asantwaa Brenya**

**Ataxia UK, 9 Winchester House, Kennington Park, Cranmer Road  
London SW9 6EJ**

**[office@ataxia.org.uk](mailto:office@ataxia.org.uk)**

**Freepost address: RLXR-BKKK-EXZU, Ataxia UK, London, SW9 6EJ**