

NACC Educational & Vocational Support for Young Persons

If you are an IBD sufferer between 15-25 and you have special needs relating to your full or part-time education that have arisen as a direct result of your illness, then NACC's Welfare Committee may be able to provide some Educational or Vocational Support.

The main areas for which funding is available are:

- Books and other course material
- Tuition Fees
- Additional cost of university/college en suite accommodation
- Travel passes
- Computer hardware and software

Applications that fall outside of these areas will be examined on an individual basis.

Grants will not usually exceed £300 in any one year and can be for the whole or part of the item in question. Under normal circumstances only three grants will be made in any five year period.

If you feel that a Young Persons' Support grant would help you in furthering your education or training then please complete the Application Form and return it to:

Welfare Fund Secretary
PO Box 334
St Albans
Herts
AL1 2WA

Your application will be considered at the next Welfare Committee meeting, which are held every 6-8 weeks.

To save time please enclose an estimate (s) for the item (s) that you require. Please note that grants will usually be paid direct to the university, shop, travel agent, etc and not to you.

In the financial section of the grant application form you are asked to complete details of your family's finances if they are supporting you. We are aware that this request may seem intrusive but we have limited funds available and we are sure that you will understand that we need to help those who have the greatest financial need.

Also on the form are sections that must be completed by your Doctor and your Social Worker, Tutor, Health Visitor, District Nurse or a member of the Citizens Advice Bureau.

The Committee will treat all applications in confidence but they reserve the right to contact your Doctor and Social Worker (or other person) who have supported the application.



NACC SUPPORT FOR YOUNG PERSONS APPLICATION FORM

Your personal details

<hr/>	
Your name	Your age
<hr/>	
Address	Telephone Number
	e-mail:
<hr/>	
Marital Status	Family Details
Occupation	Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>

Your financial details (If you are being supported by your family, please include details in this section)

Net Weekly Income	Sources
Weekly Outgoings	
Rent/Mortgage	Water Rates
Council Tax	Insurances
Gas	Telephone
Electricity	TV
Other Fuel	HP, Clubs etc.
Other	
Savings (if any)	

What are you applying for?

Why do you need it?

What is the Approximate Cost (to save time please attach Quotation(s) or Estimate(s))?

£.....

Your Signature:	Date: / /0 .
-----------------------	--------------



NACC needs the information requested in this form in order to come to a fair decision regarding the application for a Grant

What other sources have been approached for financial help?

DSS Other charitable funds

Amounts available from other sources

.....
.....
.....
.....

Your Doctor's Report:

Diagnosis: Colitis Crohn's

Date of onset:

Additional comments (if any)

.....
.....

Signature

Phone No.

Dear Doctor, NACC are grateful for your co-operation in completing this section of the application form, and trust that since this is a Welfare Application you will waive any fee which you might otherwise wish to charge.

Your Social Worker's * Comments:

Signature:

Date.....

Address

Phone No.....

.....

- If you have no Social Worker, then a Tutor, Health Visitor, District Nurse, CAB Adviser or similar person is acceptable.

When completed, please return this form to: Welfare Fund Secretary, PO Box 334, St Albans, Herts., AL1 2WA



NACC needs the information requested in this form in order to come to a fair decision regarding the application for a Grant

CONFIDENTIALITY: All information will be treated by NACC and the Welfare Committee in confidence, but the Committee reserve the right to approach your Doctor and/or Social Worker for further help or information; and to use the information in an anonymous form.