



the brain injury association

Headway Emergency Fund: Postal application form **Supported by The Stewarts Law Foundation**

Why does the fund exist?

The Emergency Fund provides grants of **up to £500** in the immediate aftermath of brain injury, to help adult brain injury survivors and their families cope with the sudden practical implications.

Most of our grants (82%) are used to help families be at the bedside of a loved one following a brain injury.

Since the fund was launched, we have supported thousands of families and provided grants of over £400,000.

Who can apply?

Anyone may apply to the Headway Emergency Fund. We are unable to support applicants who do not reside in the United Kingdom.

Only one application per survivor of a brain injury can be considered.

The purpose of the Headway Emergency Fund is to support families facing an increased financial burden following a brain injury. Our resources are limited, and Headway will assess the financial circumstances of each applicant when allocating funds and prioritise those in greatest need. We cannot consider applications for families with savings of more than £1000.

What support can we provide?

- Travel costs for families visiting relatives in hospital or rehabilitation
- Emergency accommodation costs
- Clothing needs (related to the brain injury, such as significant weight loss)
- Travel costs to ongoing outpatient appointments relating to the brain injury
- Essential white goods, where a survivor has been made homeless and re-housed in accommodation lacking basic equipment such as a cooker or fridge
- A one-week self-catered carer's break at a cottage in Pickering, Yorkshire

We are unable fund:

- Taxi journeys, flights or visa costs
- Costs already incurred
- Mortgage or rent payments
- Food
- Everyday household expenses
- Debts
- Private medical treatment
- Utility bills
- Childcare
- Items or services that are the responsibility of the local authority or NHS to provide
- Funeral costs

Please note that there must be a link between the request and the brain injury.

How to apply

Please complete this form and send back to us using the contact details on page 7. This form is for postal or faxed applications only. **Please ensure you have signed the declaration page (page 7) before submitting your application.**

To make an application online, please visit <https://www.headway.org.uk/supporting-you/headway-emergency-fund/>.

What happens next?

We receive a high number of applications every month and endeavour to process them as quickly as possible. Applications are checked regularly, and the most urgent applications are prioritised.

There are three stages to processing your application:

1. Once we have received the application form, we will contact the applicant and the person in need of the grant (if applicable) for further information.
2. We require confirmation of the brain injury from a medical professional, Headway group/branch, HATS nurse or an NHS clinician. This will be discussed during the initial call with you.
3. Your application will then be assessed. We will be in touch as soon as we have an outcome.

Administration

Once we have all the information we require, we will endeavour to make a decision as soon as possible. The decision will be final and we will not enter into further correspondence with applicants.

Regardless of the outcome, Headway staff and volunteers will endeavour to secure alternative assistance or appropriate signposting for applicants.

Contact us

If you have any questions about the Emergency Fund application process or how to complete this form, please feel free to get in contact.

E-mail: emergencyfund@headway.org.uk
Telephone: 0115 855 0088

All applications will be treated in the strictest confidence.



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Headway Emergency Fund: Postal application form

Please visit <https://www.headway.org.uk/supporting-you/headway-emergency-fund/> to complete this form online.

1. About the person who has sustained the brain injury

| | | | |
|--|--|---------------------------------|--|
| First name*: | | | |
| Last name*: | | | |
| Address*: | | | |
| Post code*: | | Date of birth* (dd/mm/yyyy): | |
| Cause of brain injury*: | | | |
| Date of brain injury* (dd/mm/yyyy): | | | |

| | |
|--|--|
| Is the person who sustained the brain injury currently in hospital or rehabilitation? Yes / No If 'yes': | |
| Name of hospital: | |
| Address of hospital: | |
| Ward: | |
| Consultant's name: | |

2. About the person who will receive the grant

| | | | |
|---|--|--------------|--|
| First name: | | | |
| Last name: | | | |
| Address: | | | |
| Post code: | | | |
| Mobile number: | | Home number: | |
| Email address: | | | |
| Relationship to the person with the brain 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 4.

| | | | |
|-------------------------|--|--------------|--|
| Job title: | | | |
| First name: | | | |
| Last name: | | | |
| Employing organisation: | | | |
| Address of workplace: | | | |
| Post code: | | | |
| Mobile number: | | Work number: | |
| Email address: | | | |

Amount required: £

*The Headway Emergency Fund can make grants of **up to** £500 for families with limited savings. This ensures we direct our limited resources to those without access to other means of help.*

Please provide a breakdown of how the grant will be spent:

6. Source of Information

Where did you hear about the Headway Emergency Fund?

7. Further support

Is the family in contact with their local Headway group or branch?

Yes / No

If so, please tell us which:

Has the person with the brain injury served in the armed forces? Yes / No

8. Savings of the person needing help

Does the family requiring help have savings of more than £1,000? Yes / No

9. Declaration*

Please ensure this section is signed before returning the form.

I hereby give consent for Headway 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 brain 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: | | | |

How to submit the application form

Please return the completed form to us by:

Post: Headway Emergency Fund
Unit 1, College Fields
16 Prince George's Road
London
SW19 2PT

Fax: 0208 640 5066

Grant repayment

There is no obligation to repay the Emergency Fund. However, in the event that you decide to make personal injury claim, we would ask that you add any grant awarded to your claim, and make it recoverable by the Headway Emergency Fund. If successful, this would help us to continue meeting the needs of others, at no additional cost to the recipient of the grant.