



Family Grant Application

First name Last Name
Street address Town/City
County Postcode
Phone no. Email
How would you rather be contacted? Post Phone Email

Name of affected child Age
Diagnosis

Item you would like to apply for a grant for
Approximate price

Please give a brief explanation as to how this item could improve the life of your child or your family

I confirm that the above information is correct to the best of my knowledge.

Signed

Date

Additional Information

Please fill in all areas of this form and return either by email to admin@zellweger.org.uk. Alternatively, you can print and fill the form and post it to:

Zellweger UK

75 Elder Close

Chard

Somerset TA20 1BQ.

If you need any help with the forms or have any questions, please email us, or you can call one of our team on 01460 68405.

Grants are limited to £500, subject to available funds, and will be paid direct to the manufacturer/retailer.

We may require proof of your child's diagnosis. This can be in the form of any clinic follow up letter written on hospital headed paper, including your child's full name and diagnosis. It could also be a letter on headed paper from your GP or a specialist who works with your child.

All claims will be dealt with at our discretion and all submitted information is treated confidentially. We will not pass your details on to any third parties.