



**I wish to apply for a Special Purposes Grant Application;**

Name of applicant: \_\_\_\_\_

Name of person with EB if different from the applicant \_\_\_\_\_

Please indicate type of EB \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No. \_\_\_\_\_ Landline No. \_\_\_\_\_

Email: \_\_\_\_\_

**Purpose of Grant;**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How will the grant improve quality of life;**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you sought funding from any other body?** \_\_\_\_\_

**If yes, please give details** \_\_\_\_\_

What is the total cost? \_\_\_\_\_

Is there a Receipt / Quotation attached **Y/N** \_\_\_\_\_

What contribution are you seeking from DEBRA Ireland \_\_\_\_\_

Is there a recommendation from a Health Care Professional / Occupational Therapist **Y / N**

**If so please provide a copy.**

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

**Please attach any relevant information, that you feel is important to this application.**

**Office use only**

Date Received \_\_\_\_\_

Decision Made \_\_\_\_\_

Communicated to Applicant \_\_\_\_\_

Health Care Recommendation received? **Y / N**

Funds Transferred \_\_\_\_\_

Date \_\_\_\_\_

All applications should be posted to DEBRA Ireland, 8 Clanwilliam Terrace, Grand Canal, Dublin 2.