

## MERU Project Request Form

MERU project no: \_\_\_\_\_ (office use only)

Before applying please check that the project is eligible for MERU's services. See our acceptance criteria on our website: [www.meru.org.uk](http://www.meru.org.uk). Alternatively phone us on 01372 725203 or email [tracey@meru.org.uk](mailto:tracey@meru.org.uk).

All projects must be referred by or with the support of a relevant health care professional who is working with the young person, e.g. an occupational therapist, speech therapist, physiotherapist or paediatrician. MERU will consider the referrer to be responsible for ensuring that the product we make is suitable for the young person in their care.

**Please note: As a charity we must use our resources carefully, so we cannot take on any project where a commercial solution is available. Please check the marketplace carefully before referring.**

Do any of the following apply to the person you are referring? This will affect their priority score.

They have limited life expectancy Yes  No

Their human rights are not being met Yes  No

They are in danger or at risk Yes  No

They are missing out on a valuable life or developmental experience Yes  No

### 1. REFERRER'S INFORMATION

NB All referrals must be made or supported by a relevant health professional. If you are not a health professional, please indicate who is supporting it and provide a letter or other documentation.

Name:

Job Title:

Organisation:

Address:

Postcode:

Local Authority:

Tel:

Email:

Signed:

Date:

**If the project is for multiple children, please go to Q5**

### 2. INFORMATION ABOUT THE YOUNG PERSON BEING REFERRED

Please complete fully

First name:

Surname:

DOB:

Sex:

Parent/guardian name(s):

**This referral will not be accepted without the consent of the guardian/parent:**

**Parent's Signature:**

Relationship to young person:

Address:

Postcode:

Email:

Tel (home):

Tel (mobile):

Please describe the young person's disability and any relevant medical history:

If you do not wish to receive information about MERU /QEF Services please tick the box

### 3. SCHOOL/COLLEGE INFORMATION

Name:

Address:

Tel:

Email:

### 4. OTHER RELEVANT PROFESSIONALS YOU WISH TO BE PRESENT AT ASSESSMENTS

Name:

Organisation:

Tel:

Email:

### 5. WHO WILL BE PROVIDING FUNDING FOR THIS PROJECT?

Please specify name and address of whom the invoice should be raised to.

### 6. HOW MANY CHILDREN OR YOUNG PEOPLE WILL USE THIS EQUIPMENT?

### 7. ETHNIC ORIGIN

Please tick one box specifying the ethnic origin of the young person being referred.

Asian Bangladeshi ( ) Asian Indian ( )

Asian Other ( ) Asian Pakistani ( ) Black

African ( ) Black Caribbean ( ) Black Other ( )

Chinese ( ) Mixed White + Asian ( ) Mixed

White + Black ( ) African Mixed ( ) Mixed

White + Black Caribbean ( )

White British ( ) White Irish ( ) White Other

( ) Declined to comment ( )

Other (please specify):

### 8. PROBLEM

Please describe the problem:

What solutions have already been tried?

What would you like MERU to make/adapt?

### 9. PLEASE COMPLETE THE FOLLOWING

**SENTENCE** (This quote may be used on a fundraising application)

Without this piece of equipment: