

MERU Adult 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 Alternatively phone us on 01372 725203 or email tracey@meru.org.uk.

In some cases we will require the support of a relevant health care professional who is working with you, e.g. an occupational therapist, speech therapist, physiotherapist or paediatrician.

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? 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. INFORMATION ABOUT THE PERSON BEING

REFERRED Please complete fully

First Name:

Surname:

DOB: Sex:

Address:

Postcode:

Email:

Tel:

Signed:

If you are not able to sign on your own behalf please nominate someone. Are you happy for us to contact them?

Name: Relationship:

Email:

Signed:

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

2. REFERRER'S INFORMATION

NB In some cases we will require the support of a relevant health care professional. Please complete if necessary.

Name:

Job Title:

Organisation:

Address:

Postcode:

Local Authority:

Tel:

Email:

Signed:

Date:

3. WORK/COLLEGE INFORMATION

Address:

Name:

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 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:

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