**The Ulster Society for Promoting the Education of the Deaf and the Blind**

**c/o Jordanstown School,**

**85 Jordanstown Road, Newtownabbey, BT37 8NP**

**Cost of Living Grant Application 2024**

The Ulster Society for Promoting the Education of the Deaf and the Blind is an historic charitable body which supports the education of those with sensory loss. We are conscious of the disproportionate impact of the current cost of living crisis on families with a child/children with sensory impairment and the resultant impact on a child’s education. To help support children in this situation we launched a small grants scheme in 2023. The scheme was designed to support children in full time education and their families through the distribution of £50 LIDL vouchers. Following the success of the 2023 scheme we are again running the programme in 2024 and have increased the number of awards to 160, recognising both the need for support and demand.

The scheme which is limited to 160 awards will open on 15th November and close on 30th November 2024. Applications must be completed on behalf of the child/family by a representative of a nominating agency, or an associated professional (GP/Social Worker / Teacher etc.) who knows the child in a professional capacity. Families must consent to being nominated for an award.

Applications should be returned via a nominating organisation by email to ulstersocietydeafandblind@gmail.com and awards will be made on a first come first served basis. Only fully completed applications will be accepted.

If an award is made, we would ask the referring professional to distribute it and return to us a signed confirmation from the recipient that the award was received.

Nominating organisations:

|  |  |
| --- | --- |
| RNIB | NDCS |
| Guide Dogs | Action Deaf Youth |
| Angel Eyes | British Deaf Association |
| Jordanstown School | Sound Friends |
| Sense |  |

The application form can be found on page 2 of this document.

**Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s initials** |  | **Child’s Age** |  |
| **Please indicate the nature of the child’s sensory loss by marking the appropriate box** | **Blind/Vision Impaired** | **Deaf/Hearing Impaired** | **Dual Sensory Loss / MSI** |
| **Name of Parent/Guardian** |  |
| **Post Code of****Parent/Guardian** *(first four characters only)* | **BT \_\_\_ \_\_\_** |
| **Name of Referring Professional** |  |
| **Relationship to child/family** |  |
| **Organisation** (name of school or nominating organisation) |  |
| **Contact details of Referring Professional** | **Email** | **Tel/Text** | **Other** |
| **Declaration**Please tick all the boxes on the right to confirm acceptance of the declaration | I confirm that the child/family are known to me in a professional capacity and I can confirm that this award will be of benefit to the child/family and will help contribute to the child’s education.I confirm that I have received permission from the family to make this application and to share the required information.I agree to distribute awards to the successful applicants and also to ensure completion and return of the confirmation slips |  |
| **Signature** |  |
| **Date** |  |

**All applications to be returned by email to** **Ulstersocietydeafandblind@gmail.com**