#### THE ASSOCIATION FOR THE RELIEF OF INFIRMITY IN THE WEST OF SCOTLAND

(Registered Scottish Charity Number SC014424)

Financial assistance for sufferers of contracted incurable diseases.

#### **WORK OF THE ASSOCIATION**

Our objective is to help alleviate poverty for those suffering from contracted incurable diseases of a nature which causes a significant impairment in daily activities by awarding monetary one-off grants or periodic grants.

#### **CRITERIA**

- The applicant must be over the age of 18 years.
- The applicant must reside in the West of Scotland area.
- The applicant must be suffering from an incurable contracted disease (e.g. Multiple Sclerosis, COPD) and not a disease due to a congenital state or as a result of an accident.
- The Association does <u>not</u> assist HIV, AIDS or cancer cases.
- The Association can only deal with cases where there is hardship and deprivation.

#### FINANCIAL ASSISTANCE AVAILABLE

- Periodic monetary grants on condition an Eligibility Certificate is completed by the applicant at least annually.
- A one-off grant can be paid / pledged for the purchase of specific items, e.g. appliances for the applicant's home, the cost of installing ramped access or a stairlift. Receipts or invoices must be provided.
- One-off grants are <u>not</u> given for the payment of debts, household bills or holidays.

#### HOW TO APPLY AND SUMMARY OF APPLICATION PROCESS

Please contact Wright, Johnston & Mackenzie LLP by telephone on 0141 248 3434 or by email on <a href="md@wim.co.uk">mmd@wim.co.uk</a> to obtain a copy of our application form. Our application form can also be accessed via the Wright, Johnston & Mackenzie LLP website at <a href="www.wim.co.uk">www.wim.co.uk</a>

The Trustees meet on a quarterly basis in March, June, September and November to discuss new applications.

One-off grant applications can be approved at the Chairman's discretion outwith the quarterly meetings.

All applications are assessed on medical and financial circumstances. If an applicant lives with others, the income of the household is taken into consideration.

Applicants and / or the referral agency are requested to report any change in circumstances of the applicants.

#### **CONTACT DETAILS**

Secretaries Wright, Johnston & Mackenzie LLP 302 St. Vincent Street Glasgow G2 5RZ

Telephone Number: 0141 248 3434

Email - rmd@wim.co.uk

#### Single Woman, Living Alone-Aged 49

Suffering from Lymphoma/Lower Limb Paralysis, Diabetes, Chronic Constipation/Bowel Resection and Pressure Sores. This lady's problems had a significant impact on her daily life and she depended on a wheelchair and community care support. This lady was admitted to the Roll to alleviate financial pressure and allow her to maintain her tenancy.

## Married Lady, Living with Husband and Son - Aged 48

Suffering from Primary Billary Cirrhosis of the Liver. This lady's condition impacts on all aspects of her daily living. This lady was awaiting a liver transplant. However, the progression of her condition was likely to continue even with a successful transplant. The family were living in near poverty and this lady was admitted to the Roll to help her to finance the family home. A one-off grant was also awarded for the purchase of new carpets.

## Married Wan, Living with Wife and Twin Daughters - Aged 44

Suffering from Rheumatoid Arthritis, Dislocation of Gervical Spine, Double Hip Replacements and Double Knee Replacements. This gentleman had suffered from Rheumatoid Arthritis since the age of 8 years old and suffered immeasurable discomfort and stiffness on a daily basis. An ongoing grant was awarded to help pay for private manipulation by a physiotherapist and hydrotherapy which aid in the relief of joint stiffness.

#### Single Lady, Living Alone - Aged 51

Suffering from Atrial Fibrillation, Pulmonary Hypertension, Right Ventricular Dilation and Muscle Weakness. This Lady was wheelchair dependant and lived in an upper floor flat. She relied on family and friends to assist her by lifting her out of the front door and onto her wheelchair. A one-off grant was pledged towards the cost of installing ramped access to enable this lady to safely access her property.

#### Single Man, Living Alone - Aged 59

Suffering from Multiple Scierosis. This gentleman suffered from the symptoms of Multiple Scierosis for over 30 years. A one-off grant was pledged towards the cost of a powered wheelchair to allow this gentleman some independence.

# THE ASSOCIATION FOR THE RELIEF OF INFIRMITY IN THE WEST OF SCOTLAND (REGISTERED SCOTTISH CHARITY NO. (SC014424))

# Grant Application Form (Updated November 2018)

APPLICANT DETAILS
Surname First Name(s)
Address
***************************************
TownPost Code
Contact Telephone Number
Email Address
Occupation [previous occupation if retired]
If unemployed state length of time out of work
Type of housing [flat, terraced etc]
Number of Occupants Including You
No. of Apartments Form of Heating
Name, Address, Telephone Number and Relationship of Next of Kin
***************************************
***************************************
Please note that if this application is successful, the applicant will be asked to provide bank details to enable payments of monthly grants and/or one-off grants to be paid directly into the applicant's bank account. The applicant will receive an eligibility certificate twice a year which must be completed by the applicant and signed by a third party.

After completion please return the form to:-

#### WRIGHT JOHNSTON & MACKENZIE LLP SECRETARIES & TREASURERS 302 ST VINCENT STREET GLASGOW G2 5RZ

TEL: 0141 248 3434 rmd@wjm.co.uk

#### Please note:

- 1. Privacy Notice in tems of the General Data Protection Regulation is attached to this Grant Application Form.
- 2. Please provide full information on the form. Failure to do so may result in the application form being returned to you.
- Payments by the Association are paid on the understanding that the frequency and level of payments are entirely at the discretion of the Trustees.

It is our understanding that regular payments by charities are disrgarded In full by the DWP when assessing income/capital for means tested benefits.

The Association is recognised as a charity under Reference Number SC014424 and its object is to help those suffering in poverty from contracted incurable diseases by awarding one-off grants and/or benefits.

#### Guidance

- 1. Please print clearly and complete all parts. Incomplete forms will be returned to the sponsor.
- 2. The Association cannot deal with this application unless full medical information is given.
- 3. Grants are discretionary and the Association reserves the right to exercise their discretion in every case.

Applications that do not quite fit the criteria below may still be given consideration.

#### We do cover:

#### We do not cover:

All incurable conditions as a result of a contracted / incurable disease.	Cancer or cancer related illness.
Congenital (hereditary) disorders not present at birth. Consideration is given to cases where there is a congenital background with a supervening disease/condition making the case an incurable one e.g. Huntingdon's Chorea, Muscular Dystrophy.	Congenital disorders i.e. diseases present at birth.
Severe complications of diabetes including but not limited to: amputation, blindness, renal failure, peripheral neuropathy and other vascular complications.	All other diabetes.
Severe intractable mental illness that significantly affects quality of daily living.	Severe or any mental illness as a result of illicit drug abuse or alcoholism.
Severe intractable asthma that significantly affects quality of daily living.	Incurable conditions as a result of an accident.

N.B. Each applicant must be able to demonstrate that he or she has been domiciled in the geographical area covered by the Association for a period not less than 5 years. The Association covers the west of Scotland.

The decision of the Association in respect of admission to the Roll or otherwise of any applicant shall be final.

# THE ASSOCIATION FOR THE RELIEF OF INFIRMITY IN THE WEST OF SCOTLAND (SC014424)

# Application form

Applicant - name									
Applicant's D.O.B.		AGE							
Marital status									
Number of people									
in household (inc									
applicant)									
Homeowner									
status:									
Referral agency	Contact name:								
Request for							_		
financial	Monthly Grant/ One-Off Grant/ Both (delete as appropriate)								
assistance									
Financial details of	11100		<b>-</b>		EVALNATIU		[maria	rack1	
household [please	<u> </u>	ME [per week		L	EXPENDITU	KE	[ber w		
state all amounts	Income and E		£	R	Rent/Mortgage £			<sup>*</sup>	
in weekly figures]	Support Allow								
·	•	wance/Carer's	£	In	surance			£	
	Allowance								
	Attendance A	llowance	£		ouncil Tax	- 1 -17	/T\ /	£	
	Incapacity		£	1 '	ood & Househ	ola/	IV	£	
	Benefit/Emplo	•		Li	cence				
	Support Allow			<del>  _</del> ,					
		ng Allowance/	£	E	Electricity £				
	Child Benefit		£	Gas			£		
	Occupational	/Private	£				£		
	Pension	, maco							
	State Retirement Pension £ Petrol & Car Expenses				£				
	Universal Cre	£		Travel Expenses			£		
	Housing Bene	£		Clothing			£		
	Discretionary Housing £ Repayment of					£			
	Allowance				Debts/Loans				
	Bereavement	Allowance	£						
	Job Seeker A	llowance	£						
	Other Trusts	or Charities	£						
	Contributions	from family	£						
	Other (Specif	y)	£						
	Total Income	9 =	£	Te	otal Expendit	diture =		£	
Details of	To whom	Total Sum	Amount		Weekly	Comments			
debts/loans	payable	1110000	Owing		payments				
(please give details									
of each one)									
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Capital	Value of savin					<u>た</u>			
Details of other	Name F	Relationship to	Age					inancial ribution to	
persons living in	***************************************	applicant				h		d per week	
the household									
						1			

# MEDICAL CERTIFICATE

# **GP CERTIFICATE**

[Please complete in block capitals]
I hereby certify that
Suffers from the following condition(s)
date of onset
date of onset
date of onset
The disabilities attributable to the above condition(s) are
***************************************
***************************************
Please give details of hospital clinics attended by the patient
***************************************
***************************************
***************************************
In my opinion the above condition(s) are chronic and incurable and the patient is eligible for consideration for financial assistance.
Doctor's Signature Date
Doctor's Name & Address/Practice Stamp
***************************************
***************************************
***************************************

<u>Note</u> - Please see attached Guidance for GPs

Prior Applications
Has the applicant applied to the Association before? Yes/No
If so, when was the last application
I declare the foregoing information to be true and I undertake to advise the Directors immediately of any improvements in my circumstances and of any change of address.  Applicant's signature
Social report
Give details of the applicant's living environment, family situation and the impact of their medical conditions on their quality of daily living, with full details of any exceptional circumstances and/or special needs (please type if possible).
I confirm that entitlement to state benefit has been checked. I would be grateful if yo would consider the applicant for a one-off grant, a monthly grant or both (delete a appropriate)
Signed[sponsor]
Name Designation
Countersigned where appropriate
Agency
Address
Tel. No Date

PLEASE NOTE THAT THE SOCIAL REPORT SHOULD BE SIGNED BY A PERSON WITH A SOCIAL CARE BACKGROUND

Email Address .....

#### **PRIVACY NOTICE**

#### issued by

# The Association for the Relief of Infirmity in the West of Scotland (ARI)

### Introduction

The Data Protection Act 2018 ("DP2018") and the General Data Protection Regulation ("GDPR") enforce certain obligations in connection with the processing of personal data. The ARI is a data controller within the meaning of the GDPR and our Secretaries process personal data. The ARI's contact details are as follows:-

Secretaries to the ARI Wright, Johnston & Mackenzie LLP, 302 St. Vincent Street, Glasgow, G2 5RZ Telephone Number – 0141 248 3434 Fax Number – 0141 221 1226 Email Address – mhm@wjm.co.uk Data Protection Officer ("DPO") – Billy Kemmett (email – dpo@wjm.co.uk)

The ARI may amend this Privacy Notice from time to time. If we do so, we will make available to you a copy of the amended Privacy Notice.

# The Purposes for which we intend to Process Personal Data

We intend to process personal data for the following purposes:-

- Process any application made by you to the ARI.
- To better understand you and your needs with a view to the ARI reaching a decision on your application.
- To manage to ARI's relationship with you.
- To maintain the ARI's files and internal administrative records.
- To process any payments awarded to you by payment to your nominated bank account or by other means nominated by you.
- To fulfil our obligations under relevant laws in force from time to time.
- To comply with our professional, regulatory or ethical obligations to which we are subject to as a Charity.
- To use in the investigation process and/or defence of potential or actual complaints, formal proceeding, and legal proceedings.

# The Legal Basis is for our intended Processing of Personal Data

Our intended processing of personal data has the following legal basis:-

- At the time you submitted an application to the ARI, you gave consent to the processing of personal data for the purposes listed above.
- Processing is necessary to make payment to you of any monies awarded to you.
- The Processing is necessary for compliance with legal obligations to which we are subject including but not limited to OSCR Regulations
- Is a requirement of any applicant to the ARI that they provide personal data that is requested by completing the application form. If you fail to provide the information requested the ARI may be unable to process your application.

#### The information we hold about you

We collect information that you provide by filling in an application form for financial assistance from the ARI.

We will collect, store, and use the following categories of personal information provided by you and about you:-

- Personal contact details such as name, title, address, telephone number and personal email address.
- Date of Birth.
- Gender.
- Marital Status and Dependents.
- Next of Kin.
- Contact Information.
- Bank Account details.
- Income and Expenditure information.
- Medical History.
- Employment/Unemployment/Information.

Information about your Health including any medical condition, health and sickness records is a special category of sensitive personal information which requires a higher level of protection. By supplying this information on your application form you have consented to processing sensitive personal data.

# Persons/Organisations to whom we may give personal data

We will only share your information with GDPR compliant third parties when deemed appropriate and of benefit to you. We may share your personal data with GDPR compliant third parties when legally instructed or where the ARI has a justified legitimate interest (such as for audit purposes).

# Transfers of Personal Data outside the UK

It is not envisaged that your personal data will be processed outside of the UK.

#### Retention of Personal Data

We will retain your personal data for as long as necessary to fulfil all purposes we collected it for.

#### Your Duty to Inform us of Changes

It is important that the personal data we hold about you is accurate and current. Please keep us informed if your personal data changes.

# Your Rights in connection with Personal Data

Under certain circumstances, by law you have the right to:

- Request access to your personal data (commonly known as a "data subject access request"). This enables you to receive a copy of the personal data we hold about you and to check that we are lawfully processing it.
- Request correction of the personal data that we hold about you. This enables you to have any incomplete or inaccurate information we hold about you corrected.
- Request erasure of your personal data. This enables you to ask us to delete or remove
  personal data where there is no good reason for us continuing to process it. You also have
  the right to ask us to delete or remove your personal data where you have exercised your
  right to object to processing.
- Object to processing of your personal data where we are relying on a legitimate interest (or those of a third party) and there is something about your particular situation which makes you want to object to processing on this ground.

- Request the restriction of processing of your personal data. This enables you to ask us to suspend the processing of personal data about you, for example if you want us to establish its accuracy or the reason for processing it.
- Request the transfer of your personal data to another party.

If you want to review, verify, correct or request erasure of your personal data, object to the processing of your personal data, or request that we transfer a copy of your personal data to another party, please contact our DPO in writing.

#### No fee usually required

You will not have to pay a fee to access your personal data (or to exercise any of the other rights). However, we may charge a reasonable fee if your request for access is clearly unfounded or excessive. Alternatively, we may refuse to comply with the request in such circumstances.

#### What we may need from you

We may need to request specific information from you to help us confirm your identity and ensure your right to access the information (or to exercise any of your other rights). This is another appropriate security measure to ensure that personal data is not disclosed to any person who has no right to receive it.

#### Withdrawal of consent

Where you have consented to our processing of your personal data, you have the right to withdraw that consent at any time. Please inform us immediately if you wish to withdraw your consent.

#### Please note:

- the withdrawal of consent does not affect the lawfulness of earlier processing
- if you withdraw your consent, we may not be able to continue to provide services to you
- even if you withdraw your consent, it may remain lawful for us to process your data on another legal basis (e.g. because we have a legal obligation to continue to process your data)

### Data protection officer (DPO)

Our Secretaries Wright, Johnston & Mackenzie LLP have appointed a DPO to oversee compliance with this privacy notice. If you have any questions about this privacy notice or how we handle your personal data, please contact the Data Protection Officer.

#### Changes to this privacy notice

We reserve the right to update this privacy notice at any time, and we will provide you with a new privacy notice when we make any substantial updates. We may also notify you in other ways from time to time about the processing of your personal data.

#### **Complaints**

If you have requested details of the information we hold about you and you are not happy with our response, or you think we have not complied with the GDPR or DPA 2018 in some other way, you can complain to us.

Please send any complaints to ARI, Wright, Johnston & Mackenzie LLP, 302 St Vincent Street, Glasgow G2 5RZ or alternatively email us at dpo@wjm.co.uk. If you are not happy with our response, you have a right to lodge a complaint with the ICO (www.ico.org.uk).

## What Security Measures are in place

The ARI's Secretaries firm, Wright, Johnston & Mackenzie LLP have appropriate security policies in place to safeguard your personal data.