# ILF Scotland Transition Fund



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## Before you start your application

Before you start your application you should think about these things:

- What is your goal?
- How will your goal benefit you?
- What do you need to buy to reach your goal?
- Who will support you to reach your goal?

#### What you will need

To complete your application, you will need:

- Your National Insurance Number;
- Your local authority area;
- Your Disability Living Allowance (DLA) or Personal Independence Payment (PIP) benefits letter, if you receive any, OR
- The name, job title and contact details of someone who can confirm your disability as well as a supporting letter from them, the following are people who can do this for you:
  - Social Worker
  - · Local Area Coordinator
  - Teacher
  - Health Worker
  - ٠GP
  - $\cdot$  Careers Advisors / Job coach
  - A registered charity (they must have a registered charity number).

#### Need Help?





# Apply by email

You can download this application form from our website www.ilf.scot and then fill it in and email it to us at enquiries@ILF.scot

# **Apply in writing**

If you would like to apply in writing, please print a copy of this application form and send it to:

#### **Independent Living Fund Scotland**

Ground Floor, Denholm House Almondvale Business Park Almondvale Way Livingston EH54 6GA

#### **Alternative formats**

If you would like this document in an alternative format please contact us by emailing **enquiries@ILF.scot** or by phoning **0300 200 2022.** 



#### **Need Help?**



# **Eligibility check**

Please confirm that you are eligible to apply for the Transition Fund. You can refer to the ILF Scotland Transition Fund leaflet for the eligibility criteria.

Questions marked with \* are required.

#### Date of birth\* DD/MM/YYYY

#### Have you lived in Scotland for at least the last six months?\*

Yes

No

#### Do you have an impairment or disability?\*

Yes

No

#### Do you have less than £27,250 of personal savings?\*

Yes

No



#### **Need Help?**



# Who is applying?

Questions marked with \* are required.

#### Who is completing this form?\*

I am a young person applying for myself (please go to page 7)

I am filling in this application for a young person (please go to page 6)

#### Why do we need to know who is applying?

We want to make sure that the application is being led by the young person, even if someone is helping you fill it in.

It is fine if someone is helping you fill in the form, we just need to understand who and why.

#### Need Help?





# Applying on behalf of a young person

If you are filling in the application for a young person please fill out the information below.

Your name:

Your email address:

What is your relationship with the young person?

Your phone number:

Why are you filling in the application form?



#### **Need Help?**



# About you

# If you are completing this form for a young person, all of the information requested in the rest of this application form is about the young person.

In order to process your application to the Transition Fund, ILF Scotland needs to ask you some questions about your personal details and your goals to determine if you are eligible to receive a grant and for us to base our decision on.

ILF Scotland may need to contact the Department of Work and Pensions (DWP) to confirm your identity and your impairment, if you receive any disability payments, such as Personal Independence Payments (PIP) or Disability Living Allowance (DLA). ILF Scotland has a legal data sharing agreement with the DWP to do this. If you do not receive any disability payments, such as PIP or DLA, then you will need to contact and get a letter from a care professional who knows you personally to confirm your identity and impairment.

ILF Scotland will not give your personal data to any other agency which is not part of processing of your application. In some cases, ILF Scotland may use your information to determine if you are eligible for further support from these agencies. If you are, we will notify you of this but will not pass on your contact details to them. You will not receive any marketing or advertising information after you submit your application to us.

A full privacy statement and how we protect your personal information is provided on the ILF Scotland website **www.ilf.scot** 



#### **Need Help?**



# About you (continued)

This section is about the applicant. Questions marked with \* are required.

First Name\*

Family Name\*

National Insurance Number\* (If you do not have one, please contact us)

What is your local authority?\*

#### Why do we need your National Insurance number?

Your National Insurance Number helps us check whether you are aged between 16 and 25 and live in Scotland.

#### Why do we need to know your local authority?

Your local authority is needed because we want to make sure that everyone in Scotland is getting a chance to apply to the Transition Fund.

#### **Need Help?**





# About you (continued)

#### Address\*

Name/Number of house

Address Line 1

Address Line 2

Post Code

Phone Number

Email Address



#### **Need Help?**



# About you (continued)

#### What is the best way to contact you?

Phone

Email

Letter



#### **Need Help?**



# About your disability

Questions marked with \* are required.

#### What is your disability or impairment (please tick all that apply)?\*

Visual impairment

Deaf/Hearing impairment

Speech impairment

Physical (moving around) impairment

Autism/ Aspergers

Learning Difficulty (for example: dyslexia, ADHD)

Intellectual impairment

Mental health (for example: anxiety, depression)

Other. Please describe:



#### **Need Help?**



# About your disability (continued)

Questions marked with \* are required.

Please tell us a bit about what impact this has on your ability to be included in your community or activities of your choice.\* E.g. does your disability or impairment stop or hinder you in any way? What help or assistance do you need to overcome any barriers created from your impairment or disability?

#### Do you receive any support from social work services?\*

If you receive no support, simply enter none. If you do, please provide details about the amount of support you receive from your social work department and the number of hours you receive. This may include respite, day services, or a Self Directed Support or Personal Budget.



#### **Need Help?**



# **Evidence of your disability**

**Do you receive any of the following Disability Living Allowance (DLA) or Personal Independent Payment (PIP)?** Please note this does not affect your application, it just provides evidence of your disability.

Yes, I receive DLA or PIP (please give us a copy of your benefits letter with your application if you receive either of these).

No, I do not receive DLA or PIP.

**If you answered no to the question above**, then you will need to contact a professional who knows you (the applicant) to get a supporting letter as proof of your disability. For example: a Social Worker, Key Worker, Health Worker, Teacher, etc. This person should know you now or have been involved with you in the last four years. You can find more examples on our website or in the ILF Scotland Transition Fund leaflet.

#### First Name

Last Name

Job Title



#### **Need Help?**



#### Evidence of your disability (continued)

#### What is the best way to contact them?

Mobile

Phone

Email

Please provide preferred contact details:



#### **Need Help?**



# What is your goal?

Questions marked with \* are required.

If your application is handwritten and you need more space to answer the questions in this section then please use an additional sheet and send this with your application.

What is your goal or what would you like to try out or do?\* Please be specific about an important thing that you want to do or try out and remember it needs to be about being active participating or present in your community.

How will this help you personally?\* Try to explain to us how this will make a difference to your life.

Who (if anyone) will help you achieve your goal?\*

#### Examples of goals:

One example of a goal may be to join a club to make new friends, which will make you feel more confident, happier and less isolated.

Another example may be that you want to spend time apart from your parents. This will make you feel more independent and a part of your community.



If you have any questions or need help, contact ILF Scotland by phone: **0300 200 2022** or by email: **enquiries@ilf.scot** Please also see our Frequently Asked Questions on our website **www.ilf.scot** which may help.



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### What are you applying for?

Questions marked with \* are required.

What will you use the money for?\* Try to be very specific about using the money to work on the specific goal you have written about above.

**How much money do you need?\*** Please let us know how much money you need in total, as well as a detailed breakdown of the costs. For example, Mary applies for money to take part in a swimming club. The total cost of this is £340. This cost is made up of 12 x £20 sessions and £100 for her sports clothing.

How will this help you achieve your goal?\* Try to make the link between spending the grant money and working on the goal you have identified as important to you.



#### **Need Help?**



#### What are you applying for? (continued)

Questions marked with \* are required.

#### Have you applied anywhere else for this money?

Yes

No

**If you have answered yes to this question**, please provide more details below, i.e. who have you applied to and what was the decision or outcome.

# Please provide links to what you will buy or give us a copy of a quote with the application form\*

#### What do we mean by a quote?

A quote is an estimate that shows the cost of what you want money for.

For example, if you wanted to join a club in your community, you need to tell us how much this would cost. To do this you would need to ask the organisation who was running the club how much this would cost and attach a copy of what they tell you.

The more detail you can give us in answer to this question the better as this will then help us to evaluate your application.



#### **Need Help?**



#### How will you make the change last?

Questions marked with \* are required.

How will you continue to work towards your goal when the money has stopped?\* Try to think of the long term and how you will keep up the progress you have made from having an ILF grant.



#### **Need Help?**



# Confirmation

This section must be completed by the applicant.

I confirm to the best of my knowledge all information provided is true and accurate.

Signature:

Print name:

# Where did you find out about the fund?

Please let us know where you found out about the Transition Fund.



#### **Need Help?**



#### Improving our services

ILF Scotland aims to continually improve its services. We would like to understand how the ILF Transition Fund has helped you so that we can better support other people. As part of this, we will be working with Strathclyde Disability Research Centre in the next 12 months. Your application will not be affected in any way if you do not want to do this.

However, if you are interested, we would like to contact you with more information and a separate request to use some of the application information you have provided.

# I am happy that you contact me separately regarding this research.



#### **Need Help?**



# Need advice?

#### Online

You can visit our website **www.ilf.scot** for more information or email us at **enquiries@ILF.scot** 

#### Offline

If you cannot access our website, you can phone us on **0300 200 2022** or write to us using the address below:

#### **ILF Scotland**

Ground Floor, Denholm House, Almondvale Way, Livingston EH54 6GA

If you need this document in an alternative format please contact us.





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