



**Cornwall Mental Health Project**

# **Mental Health Individual Empowerment Grant 2011**

**This form will apply from April 2011—2012 only.  
Please note the change of criteria for this year.  
Regrettably we are unable to acknowledge receipt of  
applications.**

**Cornwall Mental Health Project  
2 Princes Street  
Truro TR1 2ES  
Tel: 01872 243532  
Email: [mentalhealth@cornwallrcc.co.uk](mailto:mentalhealth@cornwallrcc.co.uk)  
Web: [www.cornwallrcc.co.uk/mental\\_health.html](http://www.cornwallrcc.co.uk/mental_health.html)**

# Mental Health Individual Empowerment Grant

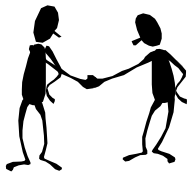


## Who can apply and how often?

- Residents of Cornwall and the Isles of Scilly
- Individuals over the age of 16 who are experiencing mental health problems only
- An applicant can apply every 18 months.

## What is it?

- A grant awarding fund that has been set up with money from the Primary Care Trust.
- Cornwall Mental Health Project are responsible for the management and administration of the money.
- A panel made up of service users meets every six to eight weeks to consider applications.
- It is compulsory for members of the Panel to sign a Confidentiality agreement.
- The panel will be meeting on the following dates in 2011...



12th April  
24th May  
12th July  
23rd August  
4th October



## What is it for?

- To empower individuals to undertake activities which help to promote a sense of well-being and positive mental health in order to reduce the stigma and impact of mental distress.
- To enable individuals to develop effective coping skills as a way of reducing and preventing mental distress.

# Mental Health Individual Empowerment Grant

## Guidelines for Applicants



### What we can do...

- Award grants up to a maximum of £100 per individual.
- Award grants for more than one item providing they are linked to the same activity, e.g. bike + helmet but not bike + gym membership
- Pay all grants awarded by cheque only. You will need to have a bank account or name someone who can receive the cheque for you.
- Ensure your application is treated confidentially and kept safe for auditing purposes.
- Review annually the criteria for grants to make sure this reflects the changing needs of applicants.
- Provide information for the activity funded.
- Holistic therapies

### What we cannot do...

- Award grants in excess of £100.
- Award grants for computers, mobile phones, TV's/licence, or domestic appliances.
- Award grants for items that would normally be covered by other benefits and agencies i.e. Health and Social Services, this includes grants for clothing, furniture, rent, rent deposits, household repairs.
- Award grants for medical treatment.
- Award grants for family contact and holidays.
- Cover transport costs unless these are in conjunction with educational courses/activities.
- Award grants for driving lessons, vehicle tax, insurance, MOTs, car repairs, etc.
- Award more than one grant to the same person in less than 18 months.
- Award grants for things that have already been paid for. For courses, applications must be sent in prior to the course start date with supporting literature and we cannot award more than £100 and only for a full course and not part of.
- Veterinary fees.

### What we need from you...

- A breakdown of costs - please can you tell us what costs make up your total application. There is space for this on the back of the form.
- We may need to contact you for additional information or clarification about your application
- Require appropriate invoices/receipts if you are awarded a grant. Failure to return receipts within three months will jeopardise any further applications.
- If you'd like to write, phone or email us to tell us how this grant has empowered you and been of benefit to you, we'd love to hear from you; there is a feedback form attached.

### What will happen?

- Regrettably we are unable to send a letter to acknowledge receipt of your application.
- You will hear from us by letter within 10 days after the date of the review meeting.
- The decision of the application panel is final.
- If you have any queries please contact : 01872 243532.



## Cornwall Mental Health Project Strictly Confidential

Cornwall Rural Community Council is committed to providing equal opportunities. With this in mind, we hope that you will assist us in monitoring by completing this anonymous sheet and returning it with your application form.

This information is used for the purposes of monitoring our equal opportunities policy and will also be used to inform the Primary Care Trust Commissioners as to how far our services represent the population of Cornwall

### GENDER

Male  Female  Other

### AGE

16-20 years  21-30 years  31-40 years  41-50 years   
 51-60 years  61-64 years  65 years or over

### ETHNIC GROUP

#### A: White

British  Irish  White other (please state).....

#### B: Mixed

White & Black Caribbean  White & Black African  White & Asian

Mixed other (please state) .....

#### C: Asian or Asian British

Indian  Pakistani  Bangladeshi  Asian other (please state) .....

#### D: Black or Black British

Caribbean  African  Black other (please state) .....

#### E: Chinese or other ethnic group

Chinese  Other (please state) .....

Do not wish to disclose

### DISABILITY

*Do you consider yourself to be a disabled person? If yes, please tick the appropriate boxes*

Mobility impaired  Hearing impaired  Mental Health difficulties

Sight impaired  Learning difficulties



# Mental Health Individual Empowerment Grant Application Form



Please write/print clearly. Continue on another sheet if you think it is necessary.

Fill in all the appropriate sections below. Please return the completed form to: **Cornwall Mental Health Project, Individual Empowerment Grant, 2 Princes Street, Truro, TR1 2ES**

First Name:

Surname:

Address:

This will be the address for replies to correspondence and applications

Postcode:

Contact No:

Please tell us about any help/support you receive either from your GP or specialist mental health services (this is essential):

Have you applied for or are you receiving any other funding? Yes  No

How much money are you applying for? (please list all costs involved with your application on the back of this sheet)

Any other information in support of your application? (please continue on reverse side if you need to?)

What single item/activity would you use the grant for?

How do you hope the activity you are planning will help you?

Do you have a bank account? (If No, we can make the cheque payable to someone else.) Yes  No

To whom would you like the cheque made payable?

Name:

Signed

Date:

