

## Ectodermal Dysplasia Society Support Fund Application Form

The ED Society Support Fund is available to individuals affected by the Ectodermal Dysplasia (ED) Syndromes resident in the UK who need financial assistance in order to acquire equipment, treatment or care needs deemed to be essential to the wellbeing of the member. To apply for such funds an individual or parent if the child is under 18 years of age must submit this application form to the ED Society, together with any documentation specified below and in the accompanying ED Society Guidance and Policy document. The level of funding provided will follow the established guidelines of the ED Society Executive Committee. All payments will be made directly to the provider of such equipment, treatment or care needs.

In addition to this application form, all Applicants must

- Submit evidence in the form of a letter from the doctor, dentist or medical specialist confirming the diagnosis of an Ectodermal Dysplasia
- Submit a letter confirming the need for the Applicants request
- Submit proof of low income in the form of a letter from the DWP stating that you are eligible for Income Support, Working Tax Credit or Housing Benefit if applicable
- Submit a copy of a written quotation or estimate of the costs from the care provider, manufacturer, supplier etc., for the equipment, treatment or care need
- Include a recent photograph of the individual for whom this application is being made
- Be a full or associate member of the ED Society
- Have a completed symptoms questionnaire on file at the ED Society office

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Name of Applicant: \_\_\_\_\_

Age \_\_\_\_\_

Name of parents/guardians \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone No. Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

Type of treatment: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Describe the equipment, treatment or care need for which the application is being submitted:

### Supporting a normal lifestyle

The Ectodermal Dysplasia Society, Unit 1 Maida Vale Business Centre Leckhampton Cheltenham Glos. GL53 7ER. England  
Charity No. 1089135 Tel: +44 (0)1242 261332 Mobile No: +44(0) 7774 465712 [www.edsociety.co.uk](http://www.edsociety.co.uk) mail: [info@edsociety.co.uk](mailto:info@edsociety.co.uk).

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In what way do you hope that this equipment, treatment or care need will improve the Applicants quality of life?

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Have you submitted this assistance request to any other body for funding? If so whom?

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What amount is the Applicant or parent able pay towards the cost of the treatment for which assistance is requested?

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In the space below, please provide any additional information which may be pertinent to this application:

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**For office use only:**

Application received on \_\_\_\_\_ Urgency of application \_\_\_\_\_

Considered for funding on \_\_\_\_\_ Funding awarded on \_\_\_\_\_

Amount of funding \_\_\_\_\_

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