

Grant Application Form 2026

Grant No:

Please complete **ALL** relevant sections of this form as fully as possible, including ticking T&C and permissions. We **will not** be able to process application forms that are incomplete and unsigned. **It is important you carefully read the Criteria, terms and conditions and guidance as failure to meet these could result in an automatic decline - these can be found on our website**

SECTION A: PERSONAL DETAILS - Details of the person with the disability:

Surname: Mr/Mrs/Miss/Ms/Master		First Name:	
Date of birth:		Age:	
Address:			
Postcode:			
Tel. No.		Email address:	

Details of contact if different to above. (If this is being completed by a third-party professional then permission from the applicant is required)

Surname: Mr/Mrs/Miss/Ms/Master		First Name:	
Address:			
Postcode:			
Tel. No.		Email address:	
Relationship to the person with the disability:			

How many people live in your household?

Adults:	Adults in full time education:	Children:
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Please list people in your household

Name	Age	Relationship	Registered with disability Y/N

SECTION B: CRITERIA/ELIGIBILITY

Have you lived in the UK for 6 months or more?	Yes/No
Are you on a means tested benefit (Universal Credit or Pension Credit) with no other unexplained income?	Yes/No
Is the applicant in receipt of DLA/PIP	Yes/No
Does the person with the disability meet the 'definition of disability' from the Equality Act? THIS MEANS - a physical or mental impairment that has a substantial and long-term effect on your ability to do normal daily activities. NOTE: substantial means more than minor or trivial, e.g. it takes longer than usual to get dressed. Long-term means for 12 months or more, e.g. a breathing condition that develops as a result of a lung infection.	Yes/No
Are there any additional family members going on the holiday with a disability?	Yes/No
If yes, how many other family members with a disability?	
Have you received a holiday or carer grant from The 3H Foundation before?	Yes/No
If yes, when was this (i.e. the year) (Our criteria states that we have a 2-year gap between awarding grants)	Year
Have you applied for any other holiday grant? If yes, please give details below.....	Yes/No
Please confirm the person with the disability will be going on the holiday	Yes/No
When did you last have a holiday/break of one night away or more? (i.e., the year)	Year

Where does the person with the disability live?

At home ☐ Nursing home ☐ Residential care home ☐ Other (please state) ☐

Main disabilities:

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Disability evidence will be requested at the next stage, such as a letter from a doctor, hospital, social worker or some other medical professional dated within the last 12 months. A copy of your patient notes is acceptable as long as it states the disability. **(WE CANNOT ACCEPT DLA/PIP AS EVIDENCE BECAUSE THIS DOES NOT CONFIRM THE DISABILITY).**

SECTION C: PROPOSED HOLIDAY

(Registered Charity No. 286306)

Please note that grants are only for the ACCOMMODATION part of a holiday and are awarded for holidays taken in the UK only. They are only awarded for household family members and, if necessary, a carer attending the holiday. Payment is made directly to the holiday venue/organisation by bank transfer. We will NOT pay grants direct to applicants.

Holiday in the UK: ☐ (Please tick) Month of proposed holiday (if known):

Total number of people from your household going on holiday: No. of adults: No. of children:

Name, address, and relationship to person with the disability of all those attending the holiday.
Please list all attending individually. The amount of the grant awarded will be for family members registered as living at the same address as the person with disability.

Please list everyone going on holiday

Name	Address	Relationship

Cost of holiday if known: £.....

If the cost of the holiday is more than the amount of the grant, please advise how you will pay for the shortfall:

Other funding applications ☐ Social Services ☐ Funding yourself ☐

SECTION D: YOUR SITUATION

Please provide more information on how your disability affects your everyday life, including the main challenges you are facing at present and how a holiday grant would be of benefit to your family.

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SECTION E: INCOME DETAILS

Please write in the weekly/monthly amount you receive for each benefit/source of income.

Please include correct amounts for ALL household members that receive benefits/income. If no benefit is received, please put in '0'

Benefits	Income for all household	Delete as Applicable	FOR OFFICE USE
Universal Credit BEFORE ANY DEDUCTIONS	£	Weekly/monthly	
DLA/PIP	£	Weekly/monthly	
Carers Allowance	£	Weekly/monthly	
Employment Full or Part time	£	Weekly/monthly	
Employment Support Allowance	£	Weekly/monthly	
Housing Benefit	£	Weekly/monthly	
Pension	£	Weekly/monthly	
Pension Credit	£	Weekly/monthly	
Child Benefit	£	Weekly/monthly	
Maintenance	£	Weekly/Monthly	
Other Income/benefits	£	Weekly/monthly	

Do you have any savings? Please tick

No ☐ Less than £500 ☐ £500-£2000 ☐ Over £2000 ☐

Any other low-income information you wish to tell us about.

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(If we are able to proceed, evidence of all your benefits will be required such as letters from the benefit agencies and copies of 1 month's recent bank statements – dated within 3 months. This requirement is for all adults (18+) in your household)

PLEASE NOTE THAT IF YOU HAVE ALREADY BOOKED AND PAID FOR A HOLIDAY, WE WILL NOT BE ABLE TO AWARD YOU A GRANT. THE GRANTS THAT WE OFFER ARE MODEST GRANTS BETWEEN £250 - £550.

- i. I confirm the information provided in this application is true and complete and I agree to The 3H Foundation's Terms and Conditions: *(These can be found on our website or requested separately)*

- ii. I understand that providing false or misleading information may result in my application being automatically rejected.
- iii. I understand that in order to comply with the Data Protection Act 2018 and for The 3H Foundation to administer my/our application, I/we give permission for you to keep this information on file.
- iv. All your personal data will be kept confidentially by 3H for a time deemed necessary. 3H will forward your personal data to the necessary parties who will have been made aware of their obligations to abide to all aspects of the new data regulations and particularly in respect of confidentiality and safe keeping.
- v. We will require you to complete a post-holiday questionnaire to aid future grants and support fundraising.

☐ **Agree**

We may use anonymised feedback or details to help improve our service, report back to donors or for promotional purposes. Please let us know if you prefer your comments not to be used.

I give permission for The 3H Foundation to publish any photographs in newsletters, leaflets, on their website and/or for reporting back and promotional purposes. (this will be in first name format only)

☐ **Agree**

☐ **Disagree**

Signed: Date:2026

Name (Please print):

Please return this form to: **Grant Administrators by email to: 3hgrants@the3hfoundation.org.uk**

**OR POST TO: The 3H Foundation, B2 Speldhurst Business Park,
Langton Road, Speldhurst, Tunbridge Wells, Kent TN3 0AQ**

In order for us to process your application please ensure all boxes are ticked and the form has been fully completed and signed.