



# Steps

We don't take walking for granted

## THE CLAIRE FURMEDGE EQUIPMENT FUND FOR DEVELOPMENTAL DYSPLASIA OF THE HIP

FUNDED BY FAMILIES FOR FAMILIES  
FOR CHILDREN IN HIP SPICA CASTS

“Madison would not fit in her baby car seat with her hip spica which meant a specially adapted car seat would provide the safest method of travel as it is rear facing. Without the grant from the Claire Furmedge Fund we would have struggled to afford what is an essential piece of equipment.”

**LOUISE TAYLOR (MADISON'S MUM)**





# CLAIRE FURMEDGE FUND GUIDELINES

In 2007, STEPS set up an equipment fund in memory of Claire Furmedge, who was sadly killed in an accident with an inflatable art structure at a park in County Durham. Claire was a dedicated supporter for Steps over many years, after her daughter was diagnosed with a hip condition as a baby. The fund provides a grant towards purchasing or hiring an adapted car seat, for families who would otherwise not be able to get one.

## What grant is available?

A maximum grant of £220 will be awarded towards a hip spica car seat which must be purchased through our agreed supplier - In Car Safety Centre. The grant covers the full price of the car seat.

**The grant cannot be given if you have already purchased your car seat.**

## How do you apply for the grant?

Simply, by completing our application form. We're very pleased to be able to help families to get these car seats – but the available funds are extremely limited and we have to restrict the number of grants we can make each month. Although we don't means test, we do ask that families only apply for a grant if they would be unable to get a car seat without one.

Please complete the form clearly and include as much detail as possible. **All applications must be supported by a health professional (GP, Consultant, Health Visitor) who can confirm that your child needs this equipment.**

## How will I know if I have received a grant?

If your grant application is successful, you will receive an email or telephone call confirming the grant: at that time, you'll be given a reference number which should be quoted when you place your order with In Car Safety Centre. **If you do not use your grant within 6 weeks it will be cancelled, unless you let us know why there has been a delay.**

Please give us as much time as possible to process your application and if you are unsure as to what car seat you will need (e.g. your child has not yet had the operation), please talk to us and we will do our best to help you. We appreciate that it may not always be possible to give advance notice and in these cases, grants can be awarded and processed more quickly.

In the unfortunate event that your application has been unsuccessful we will notify you in writing as soon as possible. Please note that there is no appeals procedure and our decision is final.

# CLAIRE FURMEDGE FUND APPLICATION

Please ensure that you complete the application form in full as missing or incomplete information may result in your grant being declined.

If your application is urgent or you wish to ensure delivery as soon as possible please PDF your application and email it to [info@steps-charity.org.uk](mailto:info@steps-charity.org.uk).

**If you have any questions, please contact us on 01925 750271 or email [info@steps-charity.org.uk](mailto:info@steps-charity.org.uk)**

## Contact Details

**Name** ..... **Surname** .....

**Childs Name** ..... **Date of Birth** .....

**Address** .....

..... **Postcode** .....

**Telephone** ..... **Email** .....

## Treatment & Condition

**Date of DDH diagnosis** .....

**Consultant's Name** ..... **Hospital** .....

**Date of operation** ..... **Time in cast** .....

## How will this grant for a Britax Car Seat Help?

## Medical Reference and Declaration from health professional

This references needs to be provided by a medical specialist working with your child who can confirm your child requires this equipment (e.g. Consultant, GP or Health Visitor). The Health professional will be required to add their Official Stamp.

**Name** ..... **Job Title** .....

**Hospital** .....

**Address** .....

**Telephone** ..... **Email** .....

Medical specialist declaration

**I declare that this application relates to a child under my care who will need specialist equipment**

**Signed** ..... **Date** .....

## Parent Declaration

**I declare that the information I have given is correct and true to the best of my knowledge.**

**Name** .....

**Signed** ..... **Date** .....

## Keep in Touch

We would love to keep you posted with our news, activities and campaigns. Your details will only be used by Steps and we will never give your information to other organisations. Please tell us if you would be happy for us to contact you:

By Telephone

By Post

By Email

By SMS/WhatsApp

## Your Privacy

Your privacy is important to Steps. We will always store your personal details securely. We will only use them to provide the service that you have requested, and communicate with you in the way(s) that you have agreed to. Your data may also be used for analysis.

**Please return your completed form to us at the postal address or email address below. Thank you.**



### STEPS

The White House  
Wilderspool Business Park  
Greenall's Avenue  
Warrington  
Cheshire WA4 6HL

### HELPLINE

01925 750271

### EMAIL

info@steps-charity.org.uk

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