VIM HEALTH BURSARY SCHEME

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| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Age |  | Date of Application |  |

|  |  |
| --- | --- |
| Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Email |  | Contact number |  |

Medical History

|  |  |
| --- | --- |
| Conditions | *Please tell us as much information as you can about your condition(s).* |

|  |  |
| --- | --- |
| Conditions (continued) |  |
| Treatment | *Please provide details of any treatment received to date.* |

GOALS

|  |  |
| --- | --- |
| Personal Targets | *Please provide details of what you hope to receive through one of our rehabilitation programs.* |
| Commitments | *Work, education etc* |
| Reference | *Please provide a reference from a healthcare professional, GP, Physiotherapist, Consultant or other.* |

Rehabilitation sessions for Bursary recipients will be on Monday, Wednesday, or Friday between 9-11am and Tuesday between 3-5pm, with no more than two recipients on at any one time. Equipment such as FES pads, hand splints and resistance bands are available at an additional cost. All sessions must be booked in one-month blocks with a one-week cancellation period*.* Please sign and date this form, in acknowledgement of the terms stated above.

Data Protection

We request the right to use your Data for the reasons stated below. Please note your consent is voluntary and can be withdrawn at anytime by contacting info@vimhealthcare.co.uk and requesting the right to opt-out.

* *I consent to my personal information to be used and stored for the purpose of marketing, auditing, and research to improve Vim Health services.*
* *I consent for images and videos to be taken throughout my rehabilitation program, to be presented to our supporting charity partners and for the purpose of promotion and marketing.*

Name: Date:

Signature: