

**B.A.D. FOUNDATION**  
**(SCOTTISH CHARITY NUMBER: SC048274)**

**THE BILLY MCNEIL FUND**

The B.A.D. Foundation, a Scottish charity (charity number SC048274) with registered office at 15 Craigmuir Street, Glasgow G33 1LG are pleased to be able to offer funding for respite care for families and individuals who care for former professional football players suffering from Alzheimer's disease or dementia.

Successful applicants will receive between 3 and 7 hours of carer's time per week, dependant on the specific circumstances detailed within their application.

The Terms and Conditions below apply to awards under the fund. If you have any questions about whether you as a carer might qualify, please don't hesitate to contact [battleagainstdementia@gmail.com](mailto:battleagainstdementia@gmail.com)

If you think you, as the carer of someone with Alzheimer's disease or dementia, qualify for funding, please complete and return an Application Form to [battleagainstdementia@gmail.com](mailto:battleagainstdementia@gmail.com) along with the evidence required in the form. We strive to respond to all applications received within 30 days, which may be to request further information about the application before making a decision as to whether or not to award a grant. All awards under the fund are given at the sole and absolute discretion of the B.A.D. Foundation.

If your application is successful, we will notify you of this and make arrangements in relation to the proposed care provider and payment mechanisms.

**THE BILLY MCNEIL FUND  
APPLICATION FORM**

Please complete the below application to the best of your ability with the information available. We may require you to clarify or expand on some aspects of the application before deciding whether or not to offer funding.

**1 ABOUT YOU (THE APPLICANT)**

<b>Full name:</b>	
<b>Contact address:</b>	
<b>Telephone:</b>	
<b>Email address:</b>	

**2 ABOUT THE PERSON YOU CARE FOR**

<b>Full name:</b>	
<b>Address (if different to Applicant's address):</b>	
<b>Details of person's condition:</b>	
<b>Details of person's career as a professional footballer (clubs represented and years):</b>	

3 **FUNDING DETAILS**

<b>Funding is available for 3-7 hours of paid carer's time per week for the purpose of respite care. Please state the amount of time you wish to apply for:</b>	
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4 **ADDITIONAL INFORMATION**

Please supply any additional information in support of your application that you feel you have not covered in previous sections:

Please provide along with this application:

- proof of address for yourself and the person you care for; and
- a doctor's note or equivalent evidence of a diagnosis of Alzheimer's disease or dementia for the person you care for.

5 **SIGNATURE**

5.1 In signing this form, I confirm:

5.1.1 I have read the below Terms and Conditions, and understand that any funding awarded must only be used for the purpose for which it was granted;

5.1.2 as far as I am aware, all the information submitted with this application is true and accurate and I understand that the Charity reserves the right to ask for additional information should this be required; and

5.1.3 I understand that the information contained within this application will be used solely in connection with this application for the Billy McNeil Fund and the processes relating to it as set out in the Terms and Conditions Below.

.....  
Signature

.....  
Full Name

.....  
Date

## **THE BILLY MCNEIL FUND TERMS AND CONDITIONS**

### **1 CRITERIA**

To be eligible for a grant:

#### **1.1 you must:**

1.1.1 be a carer of someone who has been diagnosed with Alzheimer's disease or dementia;

1.1.2 not be paid for the care you provide (except for receipt of Carer's Allowance or other equivalent benefit); and

1.1.3 be a family member of the person you care for; and

#### **1.2 the person you care for must:**

1.2.1 be a former professional footballer; and

1.2.2 live in Scotland.

### **2 PROCESS**

2.1 Where applications are successful, we will liaise directly with a registered care provider of our choice. The care provider, will liaise with the recipient of the care and their carer so as to provide between 3-7 hours (as specified) of paid carer's time per week for the purpose of respite care. All bills for this time will be issued directly to the B.A.D. Foundation who will settle such invoices directly with the care provider.

2.2 Funding will be assessed on an ongoing, quarterly basis. Where, due to circumstances of the recipient, the person cared for, the care provider or the level of charitable funds available, the B.A.D. Foundation decides (at our sole discretion) to amend or withdraw the funding, we will notify the recipient and the care provider in writing of this decision.

2.3 Details of the funding will be published on an anonymous basis. Personal information relating to the applicant or the person cared for will only be published with the applicant's prior consent.

### **3 PRIVACY NOTICE**

3.1 B.A.D. Foundation adheres to current Data Protection Regulations and the GDPR by ensuring that personal information is always stored securely. All personal data is protected from loss,

misuse, unauthorised access and disclosure and by ensuring that appropriate technical measures are in place to protect it.

3.2 Your personal data will be used for the following purposes:

3.2.1 to assess your application;

3.2.2 to inform you of our decision regarding your application; and

3.2.3 to contact you with regard to your funding, if you are successful.

3.3 We will publish details of the funding on an anonymous basis. We will only publish personal information relating to you or the person you care for with your prior consent.

3.4 We will keep your personal data for no longer than is necessary for the purposes noted above.

#### 4 **DEFAULT**

4.1 In the event of default, all future funding will be withheld and any funding already paid out shall become due and repayable immediately by the applicant. Unless otherwise agreed by the B.A.D. Foundation, the occurrence of any of the following events shall constitute default on the part of the applicant:

4.1.1 if the applicant receives or becomes entitled to funding for the same care from another source;

4.1.2 if, in the reasonable opinion of the B.A.D. Foundation, the applicant acts in such a way as to bring the B.A.D. Foundation into disrepute; or

4.1.3 if, in the reasonable opinion of the B.A.D. Foundation, it appears that any document or other information submitted in connection with your application for funding is fraudulent, false or materially misleading or that you have withheld information which would have had a material bearing on the decision to provide the funding