

4. Please describe what modifications are recommended to meet the above requirements.

5. Has the customer pursued all other appropriate avenues for this funding?

Yes

No ➔ the application can't progress until this requirement is met.

6. Is the customer's condition likely to improve?

No

Yes ➔ If yes, please estimate:

a) how long it might be before the condition may improve (eg in months or years)

b) what modifications (if any) might no longer be needed after this time

7. Do you consider the recommended modifications to be essential (i.e. there are no viable alternatives)?

Yes No Unsure

If you ticked no or unsure, please list any alternatives that you feel may be viable.

8. Your details

Printed name

Phone Email

Profession or position

Employer / Organisation

Signature Date / /