

MERU project no: \_\_\_\_\_ (for office use only)



## REQUESTING A PROJECT FROM MERU

Before applying please check that the young person is eligible for MERU's services. See our acceptance criteria on our website: [www.meru.org.uk](http://www.meru.org.uk). Alternatively phone us on 01372 725203 or email [info@meru.org.uk](mailto:info@meru.org.uk).

Unit 2 Eclipse Estate  
30 West Hill  
Epsom Surrey  
KT19 8JD

Tel: 01372 725203

Fax: 01372 743159

Email: [info@meru.org.uk](mailto:info@meru.org.uk)

Website: [www.meru.org.uk](http://www.meru.org.uk)

- All projects **must** be referred by or with the support of a relevant health care professional who is working with the young person - e.g. an occupational therapist, speech therapist, physiotherapist or paediatrician.
- MERU will consider the referrer to be responsible for ensuring that the product we make is suitable for the young person in their care.

**Please note: As a charity we must use our resources carefully, so we cannot take on any project where a commercial solution is available. Please check the marketplace carefully before referring.**

Do any of the following apply to the person you are referring. These will affect their priority score:

**They have limited life expectancy**

Yes  No

**They are in danger or at risk**

Yes  No

**Their human rights are not being met**

Yes  No

**They are missing out on a valuable life or developmental experience**

Yes  No



### 1. INFORMATION ABOUT THE YOUNG PERSON

**BEING REFERRED** Please complete fully

First name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Male/female: \_\_\_\_\_

Home local authority: \_\_\_\_\_

Does the young person, their parent or carer give consent to this referral? \_\_\_\_\_

Parent/guardian/name(s): \_\_\_\_\_

Relationship to young person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_

Please describe the young person's disability and any relevant medical history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does their disability affect them?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 2. REFERRER'S INFORMATION

NB All referrals must be made or supported by a relevant health professional. If you are not a health care professional, please indicate who is supporting it and provide a letter or other documentation.

Name of person referring: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Local Authority: \_\_\_\_\_

Contact No(s): \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 3. SCHOOL/COLLEGE INFORMATION

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact No(s): \_\_\_\_\_

Email: \_\_\_\_\_

#### 4. OTHER RELEVANT PROFESSIONALS YOU WISH TO BE PRESENT AT ASSESSMENTS

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Contact No(s): \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Contact No(s): \_\_\_\_\_

Email: \_\_\_\_\_

Where is the most appropriate place for an assessment visit to take place? (please circle)

home / school / other (please specify):

\_\_\_\_\_

Who will be providing funding for this project?

(Please contact us for information on our charging policy)

\_\_\_\_\_

\_\_\_\_\_

#### 5. PROJECT REQUIREMENTS

What would you like MERU to make and why?  
(Please use a separate sheet to sketch your ideas if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

What solutions/organisations have already been tried/ approached and what were the outcomes?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What equipment will the new product interface with?  
Please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about MERU?

\_\_\_\_\_

For office use only:	Max priority score	Client's points
Client under two years old	10	
Client has limited life expectancy	10	
Client in danger, at risk or in urgent need	10	
Client's human rights not being met	10	
Project will benefit multiple young people	10	
Client missing out on important life/developmental experience	8	
Client referred by a MERU funder	8	
Project is quick and easy to do	2	
MERU has relevant engineer capacity	2	
<b>Client's total</b>		

**Medical Engineering Resource Unit Registered Charity No 269804 Company Limited by Guarantee No 1214125**

Patrons: **Laurence Llewelyn-Bowen, Richard Stilgoe** OBE, DL Chairman: **Robert Landeryou**

Company Secretary: **Ramesh Shamdasani** Vice Chairman/Treasurer: **Paul Tiller**