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www.hope4kidz.org.uk

Reference No

Application Form

Dear Trustees

Subject to availability of funds. I/We would be appreciative if you would consider the under mentioned child/family/organisation as a candidate(s) for support as outlined on page 2 . I/We understand that all applications are considered by the Trustees. If accepted after meeting the Charity criteria, and satisfy in order of medical priority, and availability of funds, I/We understand that, as a result, it may be some time before the application may be fulfilled.

Signed
 Relationship
 Date

If the application is made on behalf of a school, club, group or other organisation. Please go to section 3

SECTION 1

Childs' full name Age
 Address Date of Birth
 Religion

Child's Diagnosis

Parent/Guardian's Details (include address if different)

Spouse Details (where applicable)

Full Name
 Address

Full Name
 Address

Telephone (Home)
 (Work)

Telephone (Home)
 (Work)

Childs' Doctor

Childs' Consultant

Full Name
 Address

Full Name
 Address

Telephone (Home)

Telephone (Home)

NOTES:

Please read this form carefully and answer all of the questions as fully as possible. Once completed, please return the form together with all information requested, as shown on page 4. Please also complete the section regarding financial status as fully as possible. Please also send any documents or letters which support the application.

SECTION 2

FINANCIAL STATUS (please complete as appropriate)

You

Spouse / Partner

- 1. Employed / Self Employed / Unemployed
- 2. Receiving Income Support or Family Credit
- 3. Receiving a Disability or Attendance Allowance
- 4. Total Weekly Income
- 5. Please give any other financial information you feel may be appropriate or that the Charity should be aware

.....
.....

- 6. Does the child have any other medical conditions, disabilities, behavioural problems or circumstances that should be recorded e.g. asthma, heart conditions, eczema etc?

.....
.....
.....

Go to section 4

SECTION 3

Name of School, Group, Club, Organisation

Address:
.....

Telephone: Contact:

Nature of activities provided (please provide a booklet or brochure if possible)

.....
.....

Go to section 4

SECTION 4

Please describe as fully as possible the equipment or facilities required and /or the purpose of the funding. Please include any quotes received or any other information relating to the request.

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.....

What potential benefits are likely to be derived if the application is successful?

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.....
.....

For computer equipment please go to section 5; for days out please go to section 6; for holidays please go to section 7

SECTION 5

What accessories are required or supplied with the computer?

.....
.....

What software is supplied with the computer and what additional software is required?

.....
.....

How will use of the computer be integrated with the school and school curriculum?

.....
.....

Please supply a letter from your child's school in support of your application

SECTION 6

Please list in order of preference your choice for a day out;

1.
2.
3.

Will any other services or facilities be required to facilitate this trip, e.g. coaches etc ?

.....
.....

How many children will be going on the trip and how many helpers?

SECTION 7

Please list in order of preference your choice for a holiday;

1.
2.
3.

Will any other services or facilities be required to facilitate this holiday?.

.....
.....

Who will accompany the child as a carer?

Will the remaining members of the family also be going on holiday? Yes / No

If yes, who will also be going?

What was the last holiday your child was able to take?

You will require a letter from your Doctor to confirm that your child is able to take such a holiday!

SECTION 8

What is the total grant, equipment, facilities, daytrip or holiday?

What is the contribution required from Hope 4 Kidz

Are funds being sought from other sources? (please include details)

.....

How did you hear of the Charity?

In order to assist us, please confirm that we may use the following in our future publicity;

Details of your Organisation? Yes / No

The Town in which the Organisation is located? Yes / No

Your child's full name? Yes / No

Your child's photograph? Yes / No

Your child's forename only? Yes / No

Your child's illness, disability, situation? Yes / No

Your child's town of residence Yes / No

Go to section 9

SECTION 9

ADDITIONAL INFORMATION

All suppliers where possible will be paid direct by Hope 4 Kidz

Before sending your application, please ensure that you have enclosed all of the documents and further information as below;

- i. Letter from your child's doctor confirming the diagnosis
- ii. Letter from your child's school or teacher to support the request for a computer
- iii. Any quotes or estimates that have been received
- iv. Full details of any other sources of funding
- v. Any booklets or brochures giving details of your school, club or organisation
- vi. Any brochures or leaflets on the equipment, facilities, daytrip or holiday being requested

Whilst Hope 4 Kidz would value any support, financial or otherwise, such will not influence any decision made by the Trustees in respect of this application, and their decision is final.

You will receive confirmation of receipt of your application and that has been placed on the waiting list. You will then be contacted as soon as it is possible to fulfil your request.

I / We hereby confirm that all the details provided are accurate and submit my / our request for consideration on that basis.

Signed Date