

GRANTS

Application for an Individual



the children's charity

improving young lives every day

Before completing the form, please save it to your computer and read the guidelines. Check you have the right form before filling in this application form. Please do not use any staples.

1 Information about the child

1. Name of child: _____

2. a) Gender: Male Female b) D.O.B: _____

3. Child's main address: _____

Postcode: _____

4. Please describe the nature of the child's condition: _____

5. Please tell us more about how this condition affects the child, e.g. in daily life, at school, at home, etc.:

6. Please tell us more about the child's hobbies, interests, things they have done and are proud of: _____

2 Information about the applicant

7. Applicant's name and title: _____

8. Applicant's relationship to child: _____

9. Applicant's address for correspondence: _____

_____ Postcode: _____

10. Applicant's telephone no: _____ 11. Applicant's mobile no: _____

12. Applicant's email address (important): _____

13. Does the child live with the applicant? YES NO PART TIME

3 Information about the family

14. Do both parents/guardians live at home?

Parent 1: YES NO Full name: _____

Parent 2: YES NO Full name: _____

15. Are the parents/guardians working? If so, please give occupations:

Parent 1: YES NO Occupation: _____

Parent 2: YES NO Occupation: _____

16. Are there any other children living at home? Please give names and ages: _____

4 Items required

Where possible, please attach TWO QUOTATIONS from two DIFFERENT SUPPLIERS for each item required, and only complete Questions 18 and 19 for the quote that is of the best value and/or best suits your needs.

17. Item(s) required: _____

18. a) Supplier 1's name and contact person:

An email address is required in order for us to confirm the grant to the supplier, should your application be successful

Supplier's name: _____

Contact person: _____

Title: _____

Telephone no: _____

Email: _____

19. Total cost of item(s) as per the official quote obtained from supplier 1: _____

Print outs from supplier's website are not suitable

20. Is the item VAT exemptible? Please ask the supplier(s) to confirm YES NO

21. Grant requested from Variety: £ _____

22. Are you able to make a contribution towards the cost of this item?: £ _____

23. Where possible, we appreciate your help in fundraising.
Please advise how much you have succeeded in raising from other sources: £ _____

24. a) Have you approached the local authority for funding? YES NO

b) If yes, what was the outcome?: _____

Please attach evidence if available

25. What difference would this new equipment make to daily life?: _____

26. Your key objectives in making this application are:

- Improve the child's physical health
- Increase the child's independence
- Increase the child's level of confidence and self-esteem
- Increase the child's sporting and fitness activities
- Increase the child's interpersonal communication skills
- Increase the child's awareness of his/her environment
- Enable the child to spend more time together as a family
- Decrease the child's isolation

5 About the Occupational Therapist, Physiotherapist or Paediatrician

A SEPARATE LETTER FROM THE CHILD'S OCCUPATIONAL THERAPIST, PHYSIOTHERAPIST OR PAEDIATRICIAN IS REQUIRED CONFIRMING SUPPORT OF THIS APPLICATION AND THE ITEM(S) REQUIRED

27. Name and address of the professional person supporting this application, i.e. Occupational Therapist or Physiotherapist:

_____ Postcode: _____

28. Telephone no of therapist: _____

29. Email address of therapist: _____

6 Financial information

This information will be kept confidential

30. Are the parents financially responsible for this child? YES NO

31. a) Do you own your own home? YES NO

31. b) If YES, what is the current estimated value?: £ _____

32. Have you had any alterations to the house because of your child's disability? If so, please give details:

33. Have you received help from Variety before? YES NO

34. If YES, please give details: _____

35. Please list parents'/guardians' combined monthly income and expenditure below:

Income (monthly)	£	Expenditure (monthly)	£
Parents' wages		Rent/mortgage	
Child benefits		Council Tax	
Disability Living Allowance		Water/electricity/gas	
Other benefits (please state)		Insurances	
		Car expenses (petrol, tax, insurance)	
		Childcare	
Any other income (please state)		Household expenses (e.g. food, clothing etc.)	
		Telephone, internet, TV	
		Any other expenditure	
Total monthly income		Total monthly expenditure	
Savings		Debts/arrears	

7 Data source and media

36. Should your application be successful, would you agree to a presentation? YES NO

Possibly attended by a sponsor, committee members and/or members from Variety's team

37. Should your application be successful, would you agree to have contact with the sponsor of the equipment?

By e-mail By post

Face to face Not at all

38. Are you agreeable, should the possibility arise, to have photos or video used for publicity purposes?

This will be used exclusively on Variety literature and will help us greatly in gaining sponsorship

YES NO

If YES, please complete the Media Release form

39. Please tell us how you heard about the Variety Grants Programme: _____

40. Please give any additional information which you think would be helpful to us in considering your request:

Signature (if returning by post): _____

Signature (if returning by email, please check the box):

Please note: by checking this box you are signing the document electronically. It is equivalent to your handwritten signature

Print name: _____

Relationship to child: _____ Date: _____

If you agree to receive communications from Variety, the Children's Charity and Variety Events Ltd please tick the box

8 Checklist

Please remember to attach the following documents with your application

- Application form**
Fully completed and signed/initialed. Please note: unanswered questions or missing supporting documents will delay your application
- Official quotation(s)**
Quotation(s) following an assessment must be submitted with every application
- A supporting letter**
A supporting letter from an Occupational Therapist or Physiotherapist must be submitted with every application
- A photograph of the child**
Where possible, it should feature his/her current equipment
- Media Release Form**
Fully completed and signed/initialed if you answered YES to question no. 38
IMPORTANT: Should your application not be successful, we will safely dispose of this document

Please remember to keep a copy of your application for your reference. Also, please be aware that we will be contacting successful applicants within 6 months of the item having been delivered to get feedback on the difference the equipment has made to your daily life.

Please return to:
Grants Programme Manager
Variety, the Children's Charity, 93 Bayham Street, London, NW1 0AG
or email: julie@variety.org.uk

Tel: 020 7428 8100
Fax: 020 7428 8111



the children's charity

improving young lives every day
www.variety.org.uk

Registered charity in England and Wales (209259) and Scotland (SC038505)

MEDIA RELEASE FORM



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Video recording and photography permission

Where the terms "Variety", "we", "us" or "our" are used below, these refer to Variety, the Children's Charity.

Thank you for agreeing to your child/children and/or the child/children in your care/guardianship taking part in recording and/or in stills photography ("the material/s") to promote the work of Variety. We may, but do not guarantee, to use the materials in ways including videos shown at private ticketed Variety events or to send to companies or private individuals to help raise funds or other kinds of support for Variety's work, or on Variety's website or on the website of Variety International (our global parent organisation). The materials may also be used in programmes or advertisements that are publicly broadcast on TV, Radio or on the Internet for the purpose of explaining and/or promoting the work of Variety and/or to raise funds for Variety. Similarly, the materials may be used for a range of other Public Relations purposes including, but not exclusively, newspaper articles, posters and leaflets and in our social media networks (Twitter, Facebook etc.). Should we intend to use the materials in broadcast programmes or commercials or publicly visible promotions (e.g. posters, newspapers or magazines), we will endeavour to contact you to inform you in advance, but cannot guarantee this. Permission given on this form is for perpetuity in all currently known media and media that may be developed in the future, and is given on the basis of no fee being payable to you and/or the child/children on whose behalf you are completing the form, now or at any point in the future.

Please would you complete this form to confirm your permission on the basis detailed above.

Name of parent/carer/guardian/teacher in charge etc.: _____

Name(s) of child/children/group/class etc.: _____

Address of parent/carer/guardian/teacher in charge etc.: _____

Telephone no. and email address of parent/carer/guardian/teacher in charge etc.:

Telephone no.: _____ Email address: _____

Signature of parent/carer/guardian/teacher in charge etc. (if returning by post): _____

Signature of parent/carer/guardian/teacher in charge etc. (if returning by email, please tick the box):

Please note: by checking this box you are signing the document electronically. It is equivalent to your handwritten signature

Date: _____

If you have any queries about this permission form, please contact
Variety, the Children's Charity, 93 Bayham Street, London, NW1 0AG

Email: julie@variety.org.uk
Website: www.variety.org.uk
Tel: 020 7428 8100
Fax: 020 7428 8111



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