

# 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. Failure to complete this form in full will result in us having to return it to you for more information. As it states in our guidelines, we are not funding trikes, bikes or buggies at the moment.**

## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## 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

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## 3 Information about the family

14. Do both parents live at home?

Mother: YES  NO  Surname (if different to child): \_\_\_\_\_

Father: YES  NO  Surname (if different to child): \_\_\_\_\_

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

Mother: YES  NO  Occupation: \_\_\_\_\_

Father: YES  NO  Occupation: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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## 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

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## 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: \_\_\_\_\_

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## 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:

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

34. If YES, please give details: \_\_\_\_\_

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

<b>Income (monthly)</b>	<b>£</b>	<b>Expenditure (monthly)</b>	<b>£</b>
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	
<b>Total monthly income</b>		<b>Total monthly expenditure</b>	
Savings		Debts/arrears	

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# 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

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## 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 (optional)**  
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.

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Please return to:  
**Grants Programme Manager**  
**Variety, the Children's Charity, 93 Bayham Street, London, NW1 0AG**  
or email: [grants@variety.org.uk](mailto:grants@variety.org.uk)

Tel: 020 7428 8100  
Fax: 020 7428 8111



**the children's charity**

improving young lives every day  
[www.variety.org.uk](http://www.variety.org.uk)

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

# MEDIA RELEASE FORM

Video recording and photography permission



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**MEDIA RELEASE FORM  
for a minor / minors**

**“Variety”, “we”, “us” or “our” throughout this form 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 making a recording and/or in still photography (the Materials) to promote our work. By signing this form, you give us permission to use the Materials to promote our work. This includes:

- videos shown at our private, ticketed events;
- fundraising, which may involve sending communications containing copies of the Material to potential donors;
- our website, the website of our global parent organisation, Variety International, or the websites of other organisations and/or corporate sponsors with whom we are working;
- programmes or advertisements that are publicly broadcast on TV, radio or on the Internet;
- newspaper articles, posters and leaflets for Public Relations purposes;
- our social media networks.

If we use the Materials in broadcast programmes, commercials or publicly visible promotions (e.g. posters, newspapers or magazines), we will aim to let you know in advance but we cannot guarantee this.

You give us permission to use the Materials forever and in all current and future media. You confirm that this permission is free of any payment to you and/or the child/children on whose behalf you are completing this form now or at any time in the future.

**PLEASE USE CAPITAL LETTERS THROUGHOUT**

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.: \_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_

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: [grants@variety.org.uk](mailto:grants@variety.org.uk)

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

Tel: 020 7428 8100

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