

WHEELCHAIR

Application for an Organisation



the children's charity

improving young lives every day

Before completing the form, please save it to your computer and read the guidelines.

Please answer all questions. Any unanswered questions will mean that the application will not be processed and will be returned for completion.

1 Information about your organisation/group

Name of organisation and/or branch: _____

Address for correspondence: _____

Applicant (Mr/Mrs/Ms/Other): _____

Post held: _____

Telephone (daytime): _____

Email address (important): _____

How many children (up to 18 years) does your organisation help each year?: _____

How many adults (over 18 years) does your organisation help each year?: _____

How many staff does your organisation employ? Please give numbers:

Paid staff _____ Volunteers _____

2 How would you describe your organisation?

a) Tick as appropriate:

| | | | | | |
|----------|--------------------------|--|--------------------------|-----------------------|--------------------------|
| Local | <input type="checkbox"/> | Voluntary organisation | <input type="checkbox"/> | Registered charity | <input type="checkbox"/> |
| County | <input type="checkbox"/> | Self help group | <input type="checkbox"/> | Give charity no. | _____ |
| Regional | <input type="checkbox"/> | Statutory service (e.g. local authority run school/nursery etc.) | <input type="checkbox"/> | Other (please state): | _____ |
| National | <input type="checkbox"/> | | | | _____ |

PLEASE ENCLOSE A COPY OF YOUR LATEST ANNUAL REPORT AND ACCOUNTS WITH YOUR APPLICATION - THIS IS ESSENTIAL IF YOU WISH YOUR APPLICATION TO BE CONSIDERED

b) Please give more details about your organisation and its work: _____

How long has your organisation provided this service?: _____ years _____ months

3 Please give details of any previous applications you have made to Variety, the Children's Charity

Year: _____

Year: _____

Amount received: £ _____

Amount received: £ _____

Purpose for requested grant: _____

Purpose for requested grant: _____

Please tick if refused:

Please tick if refused:

4 Please give information about the children to benefit from this application

a) How many children will benefit?: _____ b) What is the age range?: _____

c) What percentage are considered to be financially disadvantaged?: _____

d) Do you care for disabled children? Please give details of the range of disabilities catered for:

5 Information about the wheelchair(s) being applied for

a) Price(s): _____

b) Item(s): _____

Please include a quote from the supplier

c) How much do you expect to raise from:

i) Fees £ _____ iii) Other sources £ _____

ii) Parental contribution £ _____

Total raised: £ _____

d) Grant requested from Variety: £ _____

6 Data source and media

We may approach you for further information if we require it.

If your application is successful, would your organisation agree to publicity? YES NO

How did you find out about the Variety Grants Programme? (please tick as necessary):

School/college Medical professional Word of mouth Internet

Library Newspaper/magazine Supplier Other: _____

Signature of Applicant (if returning by post): _____

Signature of Applicant (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: _____ Date: _____

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

7 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 **and** for applications for sports wheelchairs, a second letter from the sports club or sports teacher must be included
- 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 in section 6
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:
Wheelchair Programme Co-ordinator
Variety, the Children's Charity, 93 Bayham Street, London, NW1 0AG
or email: wheelchairs@variety.org.uk

Tel: 020 7428 8100
Fax: 020 7428 8111



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improving young lives every day
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: wheelchairs@variety.org.uk

Website: www.variety.org.uk

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