

WHEELCHAIR

Application for a sports, manual, or powered wheelchair



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 the child

1. Name of child: _____ 2. D.O.B: _____

3. a) Family address: _____

_____ Postcode: _____

b) Family's telephone no: _____ c) Family's mobile no: _____

d) Family's email address: _____

4. a) Does the child live with the family?: YES NO PART TIME

b) If NO or PART TIME, give the child's main address: _____

_____ Postcode: _____

5. a) Name and address of child's school: _____

_____ Postcode: _____

b) School's telephone number: _____

6. Please describe the nature of the child's disability: _____

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

2 Information about the family

8. Please tell us who is in your family. Do both parents live at home?:

Parent 1: YES NO Full name: _____

Parent 2: YES NO Full name: _____

9. Are the parents working? If so, please give occupations:

Parent 1: YES NO Occupation: _____

Parent 2: YES NO Occupation: _____

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

QUOTATION FROM THE SUPPLIER FOLLOWING AN ASSESSMENT IS REQUIRED WITH THIS APPLICATION

Please note that **two** quotations are required if the value of the item is above £5,000.00

11. a) Item required: Powered wheelchair Sports wheelchair Manual wheelchair

b) Name of item: _____

c) Cost of item as per quote: £ _____

d) Name of supplier: _____

12. Where will the new item be used?: _____

13. Where will the new item be stored?: _____

14. What difference would this make to daily life?: _____

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

16. 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

17. a) Has the child got a mobility aid? YES NO

b) If YES please state the type: _____

c) Was this funded by Variety? YES NO

3 Application for an powered wheelchair or manual wheelchair

18. a) Name, contact person and address of Local Health Authority: _____

Postcode: _____

b) Telephone no of Health Authority: _____

c) Email address of Health Authority: _____

d) Please make contact with the Wheelchair Services regarding funding through the Voucher Scheme. What was the result?:

4 Application for a sports wheelchair

- PLEASE PROVIDE A LETTER OF SUPPORT FROM THE CLUB OR TEACHER CONFIRMING ATTENDANCE OF THE SPORTS CLUB AND THE SUITABILITY OF THE WHEELCHAIR.
- PLEASE NOTE THAT, DUE TO THE IMPACT OF THE CORONAVIRUS PANDEMIC ON OUR FUNDING, WE CURRENTLY ONLY FUND SPORTS WHEELCHAIRS IN SPECIAL CIRCUMSTANCES.

19. a) Contact, name and address of the sports club the child attends or sports teacher: _____

_____ Postcode: _____

b) Telephone no of sports club/teacher/coach: _____

c) Email address of sports club/teacher/coach: _____

20. Per month, how many times does the applicant attend the club?: _____

21. What are the sporting interests of the applicant and how will the sports wheelchair be of benefit?:

5 Child's Occupational Therapist or Physiotherapist

A SEPARATE LETTER FROM THE CHILD'S OCCUPATIONAL THERAPIST OR PHYSIOTHERAPIST IS REQUIRED CONFIRMING THEIR SUPPORT OF THIS APPLICATION AND THE ITEM REQUIRED FOLLOWING THEIR ATTENDANCE AT THE ASSESSMENT.

This is requested to ensure that we are considering the most appropriate piece of equipment for the child.

22. a) Name, job title and address of the professional person supporting this application, i.e. Occupational Therapist or Physiotherapist:

_____ Postcode: _____

b) Telephone no of therapist: _____

c) Mobile no of therapist: _____

d) Email address of therapist: _____

6 Financial information

This information will be kept confidential

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

24. Do you own your own home? YES NO

25. If YES, what is the current estimated value?: £ _____

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

27. a) Have you received help from Variety before? YES NO

Please note, this question will not affect your application in any way

b) If YES, please give details: _____

28. Please list all members of the household's income and expenditure below:

Income (monthly)	£	Expenditure (monthly)	£
Parents' wages (gross figure)		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	

29. What contribution can you make towards the cost of the item?: £ _____

30. Are you currently, or have you been involved in, fundraising for this item? _____

31. Is there anyone co-ordinating fundraising efforts on your behalf for this item?: _____

32. Have you approached other charities? If so, with what results?: _____

7 Data source and media

33. a) Should your application be successful, would you agree to a presentation? YES NO
This will be attended by a sponsor and a representative from Variety.

b) Should your application be successful, would you agree to have contact with the funder?

By e-mail By post

Face to face Not at all

34. Should the opportunity arise, do you agree to your photographs being used for publicity purposes?
These will be used exclusively in Variety literature, and will help us greatly in gaining sponsorship.

YES NO

If YES, please complete the Media Release form

35. How did you find out about the Wheelchair Programme? (please tick as necessary)

School/college Medical professional Word of mouth Internet

Library Newspaper/magazine Supplier Other: _____

36. 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 **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 to question no. 34
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



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

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.: _____

Postcode: _____

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

Tel: 020 7428 8100

Fax: 020 7428 8111



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