

GRANTS

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. 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 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

Voluntary organisation

Registered charity

County

Self help group

Give charity no. _____

Regional

Statutory service

Other (please state): _____

National

(e.g. local authority run school/nursery etc.)

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 specific project you are applying for

Please give details of the project or purpose for which you require a grant and explain how it would benefit the children you describe in section 4:

6 Cost of project

a) Total cost of project?: £ _____

b) How much has been raised/committed towards this project to date?:

i) Government/local authority £ _____ iii) Your organisation's cash reserves £ _____

ii) Local fund raising £ _____ iv) Other sources £ _____

c) How much do you expect to raise from:

i) Fees £ _____ ii) Parental contribution £ _____ iii) Other sources £ _____

Total raised: £ _____

d) Grant requested from Variety: £ _____

e) Please give a breakdown of the total project costs and tick which items you are asking Variety to provide. Continue on a separate sheet if necessary:

PLEASE ENSURE THAT YOU ATTACH TWO OFFICIAL QUOTES FOR EQUIPMENT REQUESTED (where possible)

7 About the Occupational Therapist, Physiotherapist or Paediatrician

A SEPARATE LETTER FROM AN 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: _____

8 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: _____

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: _____ Date: _____

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

Please return to:
Grants Programme Manager
Variety, the Children's Charity, 93 Bayham Street, London, NW1 0AG
or email: **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

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

Website: www.variety.org.uk

Tel: 020 7428 8100

Fax: 020 7428 8111



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