

Childrens Hope Foundation

Registered Charity Number 1060409

15 Palmer Place, London N7 8DH
Tel: 020 7700 6855 * Fax: 020 7700 4432
Email: info@childrenshopefoundation.org.uk
www.childrenshopefoundation.org.uk

Application Form

Reference No:

Sirs,

Subject to availability of funds. I/We would be obliged if you would consider the undermentioned child/family/organisation as a candidate/candidates for assistance as outlined on page two. I/We understand that all applications are considered by the Trustees and if meeting our charitable criteria are accepted and fulfilled in order medical priority, date of receipt, and availability of funds. I/We also understand that, as a result, it may be some time before the application may be fulfilled.

Signed

Relationship

Date

If the application is made on behalf of a school, club, group or other organisation, please use Group Application Form

Section 1

Child's full name

Age

Address

Date of Birth

Child's diagnosis

Parent/Guardian's details (address also, if different from above) Spouse details (where applicable)

Full Name

Full Name

Address

Address

Telephone (Home)

Telephone (Home)

(Work)

(Work)

Child's Doctor

Child's Consultant

Full Name

Full Name

Address

Address

Telephone

Telephone

Now go to Section 2

Notes :

Please read this form carefully and answer all the questions as fully as possible. Once completed, please return the form, together with all the information requested, at end of form. Please also complete the section regarding financial status as fully as possible. Please also send any documents or letters which support your application.

Section 2

Please list, in order of preference, your choice of dates for a holiday/day trip.

(7 day breaks are from Saturday to Saturday ; Weekend breaks from Friday to Monday ; Mid-week breaks from Monday to Friday)

1.

2.

3.

Who will be accompanying the child as a carer?

Will the remaining members of the family also be going on the holiday/day trip? Yes No

What was the last holiday your child was able to take ?

You will require a letter from your doctor to confirm that your child is able to take such a holiday.

Following the holiday/short break, you will be required to complete a report form

Details of all persons going on the holiday/short break;

Over 18's

Under 18's

Have you applied for or been offered a holiday or short break by any other charity/organisation? Yes No
(Please include details)

When was the last holiday taken by the child/family?

Where did the child/family go?

How did you hear of Children's Hope Foundation?

Section 3

In order to assist us, please confirm that we may use the following in our future literature and/or the charity's website;

Your child's first name only?	Yes	No
Your child's photograph?	Yes	No
Your child's illness, disability, situation?	Yes	No
Your child's town of residence?	Yes	No

Now go to Section 7

Section 4

Additional Information: *(Please include any information you wish, to support your application)*

Before sending your application, please ensure that you have enclosed all the documents and further information as below ;

- * Letter from your child's doctor confirming the diagnosis
- * Letter from your child's school or teacher to support the request for a computer
- * Any quotes or estimates that have been received
- * Full details of any other sources of funding
- * Any brochures or leaflets on the equipment, facilities, daytrip or holiday being requested

Whilst Childrens Hope Foundation would value any support, financial or otherwise, such support will not unduly influence any decision made by them in respect of this application, and their decision is final.

You will receive confirmation of receipt of your application and that it has been placed on our waiting list. We will endeavour to fulfil your request as soon as possible subject to available funds.

I hereby confirm that, all the details provided are correct and submit my application for consideration on that basis.

Signed:

Date:

APPLICATION FOR FINANCIAL ASSISTANCE

ESSENTIAL INFORMATION REQUIRED

What is the purpose of grant		Amount sought from this charity	
Name and address of applicant			Name of child: Date of Birth: Age:
Marital Status	Single	Married	Divorced
			Separated
			Widowed
			Sharing
Occupation			

Details of family	Name	Age	Occupation/School
Spouse/Partner			
Children			

INCOME (weekly)	£	p	EXPENDITURE (weekly)	£	p
Applicant's wage			Rent *		
Spouse/Partner's wage			Mortgage *		
Combined Income Support (if applicable)			Council Tax *		
Sickness/Invalidity Benefit			Water Rates *		
Child Benefit			Gas *		
Family Credit			Electricity *		
Retirement Pension			Coal/ Paraffin *		
Occupational Pension			Insurance		
Disability Benefit			Fares/Travel		
Disability Living Allowance			Loans		
Housing Benefit			Maintenance		
Maintenance Payments for self			Fines/Court Orders		
for children			HP Commitments		
Other Income (please specify)			Household expenses (food etc.)		
			Clothing		
			TV Rental		
			Telephone		
			Childminding fees		
			Other expenditure (please specify)		
* If payments for rent and fuel etc. are paid direct, please indicate if they are included in income					
TOTAL WEEKLY INCOME			TOTAL WEEKLY EXPENDITURE		

TOTAL SAVINGS.

Please also attach supporting documents to your email before sending

For office use only

Date Received:	Approved: Yes / No	Grant Amount:	Payment Authorised:
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