

Buttercup Children's Trust

A company limited by guarantee, company number: 06666946

Registered as a Charity: Charity No: UK 1128027/Scotland SC042679

Application Form

Claiming on behalf of **an individual**: Please complete Pages 1-7

Claiming as an **Organisation/Hospital** : Please complete Page 8

Important : Please ensure that the application form is fully completed where applicable. The declaration on page 6/7 and/or page 8 must be signed.

Assessment Form

Please read the notes/objects of the Charity very carefully. Set out on these pages details of the nature of your claim for assistance, together with a note of why you believe that this claim falls within the objects of the Charity.

If your request entails the purchase of equipment please attach a full description of the equipment concerned, together with evidence of an estimated cost. For example, a quotation or copy of a price catalogue.

Please try to be specific with short notes. If you require more than one page to describe the details of the application please attach extra page(s) to this form. We would be grateful if you could please try to keep the description of your claim as brief as possible.

When you have completed this form please sign and return it, with supporting documents to the Charity at its Registered Office:

**New Applications Department
Buttercup Children's Trust
Suite11, Enterprise Hub
62 Tong Street
Bradford
BD4 9LX**

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Please read these notes carefully

Introduction:

The objects of the Charity are the relief of children and young persons with mental and/or physical disabilities, in particular, by the provision of items of equipment to improve the conditions of life for such children/young person(s) to assist them in their education. If funds permit, to provide holiday facilities and respite care for disabled children. (In allocating its funds the Trustees will provide grants or items for specific purposes rather than making grants for general charitable purposes to Institutions).

Pre-emptive Apology:

For each case the Buttercup Children's Trust is able to assist, there are at least another one hundred equally deserving cases. The Trustees are fully aware that each case represents very real and personal human difficulties. Unfortunately, we are a small charity with limited funds. Inevitably, this involves the Trustees in making hard choices. Whatever choice the Trustees make, somebody, somewhere is bound to be disappointed. Please accept their assurances that this is no reflection on the merits of the case presented to them.

Lastly please also accept that it would be invidious for the Trustees to enter into any discussion or correspondence regarding the reasons why they made a particular decision in any particular case. That is, the Trustees cannot, and will not, discuss the reasons for their decisions. Those decisions remain personal to them.

Small print:

As with any other document there is a certain amount of small print. Our small print, which we trust does not apply to your case is as follows:

The Trustees reserve the right to, and will, without exception report to the Police where any claim has been made to the Charity for assistance and that claim is found to contain elements of dishonesty.

The most useful form of assistance is that which place the claimant in a situation where he/she does not have to rely on charity. This will always be an important consideration for the Trustees when assessing any claim.

Nature of Assistance:

The reasons for this are as follows:

Where in the course of time equipment is no longer required the Trustees would expect that equipment to be returned to the Charity so that it may be passed on to other deserving cases.

If, unfortunately, it comes to the Trustees' notice that there has been an element of dishonesty on the part of the claimant or those assisting in the claim, the value of the claim will be converted into an interest bearing loan at 5% above Lloyds Bank Base Rate and a claim will be made for full repayment.

Supply of equipment:

Where equipment is supplied, this is on the basis that the equipment is on loan to the persons or medical unit concerned. In the event of the medical unit or hospital ceasing its activities the equipment is to be returned to the Charity.

Maintenance/Use of Equipment

Clearly the Charity has no control or supervision over the care and use of equipment provided. Equipment is therefore provided on the understanding that it is the enquire responsibility of the recipient and user to ensure or take note that:

- a) The equipment is suitable for the use intended.
- b) Where the equipment has a medical or therapeutic use, then expert relevant professional advice has been taken on that use.
- c) That the equipment is used exactly according to the manufacturer's instructions.
- d) That the equipment is properly maintained and cared for in accordance with the manufacturer's instructions.

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- e) That the only guarantee or warranty supplied with the equipment is that supplied by the manufacturer or supplier. The Charity gives no guarantee or warranty.
- f) That any medical advisor giving instruction on the use of the equipment is responsible for any consequences arising out of such instruction.
- g) That the equipment is properly insured against loss.
- h) That in the event of any fault in the equipment supplied, any claim for making good or compensation is the responsibility of the manufacturer, not the Charity.

Lastly, the Charity's responsibility for the equipment ceases at the point and time where the equipment is passed over to the recipient, medical unit or agent, as appropriate.

These conditions also apply in those cases where not only the equipment is loaned but where a donation is made towards the maintenance of the equipment.

*Note where the word "equipment" appears, this is deemed to also include services provided or funded, for example nurses, physiotherapists, psychiatric and research assistants.

Please note that if you are successful with your application for a grant the Trustees will be unable to consider a further application for 12 months.

The Trustees meet to decide on funding applications every quarter. If your application is unsuccessful please leave 6 months before making a further application.

Assessment Form

Please complete this application for submission to the Trustees.

Please complete the form in black ink/type so that it can be photocopied.

1.Full name of the child(ren) who will be the subject of this application	
2.Child(ren's) Date of birth:	
3. Full postal address (inc postcode) Telephone No: Home: Mobile:	
4. Contact email: (If applicable)	
<p><u>Please complete :</u> Buttercup Children's Trust holds fundraising "can"collections at supermarkets across the country to help raise valuable funds for the charity. To assist can you please indicate at which supermarket you do your main family shop (please supply the address if possible). Thank you.</p> <p>Asda <input type="checkbox"/> Tesco <input type="checkbox"/> Morrisons <input type="checkbox"/> Sainsburys <input type="checkbox"/> Iceland <input type="checkbox"/></p> <p>Farmfoods <input type="checkbox"/> Aldi <input type="checkbox"/> Lidl <input type="checkbox"/> Other <input type="checkbox"/> if "other" please provide details:</p>	

<p>5. Have you applied for assistance from other sources? For example:</p> <ul style="list-style-type: none"> (a) The Department of Health? (b) Local Council Authorities? (c) Any other charity? <p>If you have answered yes to any of the above please provide details of outcome for application for assistance on a separate sheet of paper</p>	
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<p>6. Please provide details of your child(ren's) illness /condition. If possible provide supporting evidence.</p> <p>(We apologise for having to ask for this information but this has been due to fraudulent claims being made to the Charity)</p> <p>What are you applying for? Do you have a quote? (e.g equipment/ help towards travel costs/ holiday?)</p> <p>How would a grant from Buttercup Children's Trust help your child(ren)</p> <p>(please continue on a separate sheet of paper if necessary)</p>	
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Please supply any correspondence received in this case. Please note that where our Trustees and expert assessors believe that help is available from Government sources in this matter, we will advise you accordingly.

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7. Name and address of Doctor/Practice Telephone number:	
8. Full name and address of Consultant Doctor and/or hospital dealing with child(ren) (please continue on a separate sheet if necessary)	

Please note the Charity reserves the right to submit details of your claim to your medical practitioner(s) and to an independent medical practitioner for reference purposes. A letter of recommendation from your GP or Consultant should be attached to the claim (if available).

Declaration: (must be signed)

I confirm that I have read pages 1-6 of the application form and supporting documents for a claim for assistance from the Buttercup Children's Trust. I take responsibility for, and confirm that all the facts and information enclosed herein to the best of my knowledge and belief are correct.

Signed: _____

Parent/Carer/Guardian

Dated:

(please also read/complete page 7 – if you are able to provide a photograph)

Buttercup Children's Trust relies on donations from the general public to fund projects for children and their families throughout the UK.

It would assist the Charity if you could provide us with a photograph of your child(ren) for us to use in gaining support for the Charity.

We use images in a range of materials to promote Buttercup Children's Trust as a whole and also to illustrate key areas of our work e.g. particular appeals. This includes (but is not limited to) our website/facebook/twitter/advertisements and other publicity materials such as leaflets, brochures and posters, direct mail, books, newspapers, magazine articles.

If you are sending a photograph with this application please sign the following consent:

Name of person/family in image and consent signature:

Name of person(s) in image : _____ Age: _____

Address: *(if different to front page)*

I confirm that I give Buttercup Children's Trust permission to use my child(ren)'s image:

parent's/legal guardian's signature _____

(print name) _____

Data Protection Act 1998

By signing this form I confirm that I give permission for Buttercup Children's Trust to use the details of myself/my child(ren) for fundraising purposes only.

If completing on behalf of an Organisation/Hospital

1. Full name and address of medical unit/ hospice/ hospital/ charity requiring assistance	
2. Name and full postal address of authorised representative.	
3. Reason for request for funding/grant	
Any other information:	

I confirm that I have read pages 1-8 of the application form for a claim for assistance from the Buttercup Children's Trust. I take responsibility for, and confirm that all the facts and information enclosed herein to the best of my knowledge and belief are correct.

Signed: _____

Title/Position: _____ Dated _____

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