**Buttercup Children’s Trust**

**Application for Assistance**

**Please read this form carefully and answer all questions as fully as possible. Do not leave any boxes unanswered, if a question is not applicable write N/A in that box. Please write clearly.**

**Completed forms should be returned to Applications Dept., Buttercup Children’s Trust, The Enterprise Hub, Suite 11, 62 Tong Street, Bradford BD4 9LX.**

|  |  |
| --- | --- |
| Full name: Parent/Carer/Guardian making the application  |  |
| Date of Birth: |  |
| Address including postcode |  |
| Home/Mobile number: |  |
| Email :Please write legibly we will use email to contact you in case of a query. |  |

Have you applied to Buttercup Children’s Trust before? Yes\_\_\_ No\_\_\_\_

All applicants need to complete all the questions below:

I have been living in the UK for the last 6 months Yes\_\_\_\_\_ No\_\_\_\_

If no please give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a British or EU Citizen Yes\_\_\_\_\_ No\_\_\_\_

If you are an EU Citizen please tell us which country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are not a British/EU Citizen do you have current legal residency in the UK

and have recourse to public funds? Yes\_\_\_\_\_ No\_\_\_\_

If yes, please send confirmation of your residential status with this application.

**GDPR - KEEPING YOUR DATA SAFE**

Protecting your personal data has always been a priority

**Why do we store your personal data?**

We will use your data to assist in making a decision regarding your application

We may use your data for the purpose of:

Contacting you about important changes in our services

By contacting you by mail, email or telephone about our news or events

**How do we protect it?**

We look after your personal information at all times by using appropriate security and technical controls. Anybody who works with us handling your data has to comply with our strict standards of European law. All our personnel are trained to respect your data.

**WE DO NOT SHARE YOUR DATA WITH ANY 3RD PARTIES**

**By completing this application form, you are agreeing to us keeping your personal data for a period not exceeding 11years**

**Your Household Income:**

We need to know about the money coming into your home. You must send us photocopies of one of the benefits or tax credits listed below. This should be a copy of your most recent award letter dated within the last 12 months. If you are confirming with bank statements they must be less than 3 months old. **DO NOT SEND ORIGINALS WE CANNOT RETURN THEM.**

Do you or your partner receive any of the following tax credits or benefits:

|  |  |
| --- | --- |
| Universal Credit | Working Tax Credits |
| Child Tax Credits | Income Support |
| Income based Jobseeker’s Allowance | Incapacity Benefit |
| Employment Support Allowance | Pension Credit |
| Housing Benefit |  |

Please tick here \_\_\_ if you **do not** receive any of the above. We will contact you for more information about your household income.

How did you hear about Buttercup Children’s Trust?

**Child or Young person’s details:**

|  |  |
| --- | --- |
| Child’s full name(s) |  |
| Date of birth: |  / / M/F Age: |
| Please tell us your child’s condition or diagnosis if know:Date of diagnosis if known:  |  |
| Does your child receive DLA/PIPWhat rate(s) do they get: |  |

My child is not getting DLA/PIP

Have not applied \_\_\_\_ Waiting for a decision\_\_\_\_ Have been refused\_\_\_\_

|  |  |
| --- | --- |
| Please tell us the medication needs of your child/How often? |  |

|  |  |
| --- | --- |
| Equipment used |  |
| Behaviours at home, school and out and about |  |

|  |  |
| --- | --- |
| Nursery, school or collegeIs your child given additional support in Nursery, school or collegeIf yes, how many hours per week:Is escorted transport to school provided by the education authority or equivalent: |  |

Please tick any of the following that currently apply:

Statement (SEN)/Co ordinated support plan (CSP/Education, Heath and Care Plan (EHC) made: \_\_\_\_\_

Individual Education Plan (IEP) made\_\_\_\_\_\_

Educational Plan/Additional Support Plan (Scotland only)\_\_\_\_\_

Note: The Charity reserves the right to submit details of your claim to your medical practitioners and to an independent medical practitioner for reference purposes. A letter of recommendation from your medical practitioner or consultant should be attached to the claim if possible.

|  |  |
| --- | --- |
| **Communication:**Please give details about any difficulties your child has with communication |  |

|  |  |
| --- | --- |
| We will need the name of your family’s social worker/key worker/Lead professional/Health Visitor, Teacher or similar who knows your child well (not your GP) and who we can contact for more information: |  |

**Your Grant:**

**We need to know what help you would like us to consider, who it is for, and how it relates to the needs or wellbeing of your child or young person.**

|  |  |
| --- | --- |
| We need: |  |
| For who: |  |
| Why do you need this?What would be the benefit to you and your family? |  |

Have you applied to any other charity or organisation for this specific equipment or item? Yes\_\_\_\_\_ No\_\_\_\_

If yes, which one(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the outcome\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your accommodation:

Local authority rented\_\_\_\_\_ Owner Occupied\_\_\_\_\_ Private rented\_\_\_\_\_\_\_

Housing Association\_\_\_\_\_

My accommodation is temporary\_\_\_\_\_ permanent\_\_\_\_

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 photographs of your child(ren) for us to use in gaining support. We use images in a range of materials to promote the Charity 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 material such as leaflets, brochures etc.

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

Name of Person in image \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_

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

Parent/guardian signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Charity organises fundraising collections at establishments across the UK. Please can you indicate at which supermarket you do your main family shop. Thank you.

Finally please read through the following carefully and then sign and date:

By signing the application below and submitting your application to us you will be providing us with your explicit consent to us using the information contained within the application and any subsequent related correspondence with you for the purposes of:

1. Processing and considering your application including to understand whether your child meets our Child and Young Persons Eligibility Criteria, whether you and your family circumstances meet our relevant criteria and, if so, how we can help you and best provide support to you and discussing your application with you where necessary.
2. If your application is successful, informing you of any subsequent grants, advice or other support services that we are able to provide within 12 months of your award date.

Name of main carer/applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_