

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/PIP What 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 college Is your child given additional support in Nursery, school or college If 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)/Coordinated support plan (CSP/Education, Health 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_____