

Buttercup Children's Trust

Application for Assistance

Read this form carefully. Please write clearly.

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.

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 /Professional making the application	
Date of Birth:	
Address including postcode Is your home: rented/private/ temporary/hostel	
Home/Mobile number:	
Email: Please write legibly we will use email to contact you in case of a query.	

All applicants need to complete all the questions below:

I have been resident in the UK: since birth____ /____years

I am a British Citizen Yes_____ No_____

If you are not a UK Citizen, do you have current legal residency in the UK
and have recourse to public funds? Yes_____ No_____

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 always look after your personal information by using appropriate security and technical controls. Anybody who works with us handling your data must 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 11 years.

Please note due to limited funding the Trustees are unable to provide assistance with items such as mobile phones, games consoles and Holidays*.

*We will consider respite breaks at another charities respite homes located at Mablethorpe, Lincolnshire and Skegness.

Please do not send any documents at this stage. If your application goes through to the Trustees quarterly meeting and is successful, we will contact you at that stage for proof of DLA/PIP/invoices/income.

How did you hear about Buttercup Children's Trust?

Details of child/young person (under 18) the application is being made for:

Child's full name(s)	
Date of birth:	/ / M/F Age:
<p>Please tell us your child's condition or diagnosis if know:</p> <p>Date of diagnosis if known:</p>	
<p>Does your child receive DLA/PIP</p> <p>What rate(s) do they get:</p>	
<p>Please tell us the medication needs of your child/How often?</p>	

<p>Does the child/YP use specialised equipment? If so please provide details.</p>	
<p>Behaviours at home, school and out and about Communication difficulties</p>	

<p>Education setting: nursery/school/college</p> <p>Is your child given additional support in Nursery, school, or college If yes, how many hours per week:</p>	
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Is escorted transport to education setting provided? By whom?	
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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) _____

Details of social worker/ key worker/ Health Visitor, Teacher or similar who knows your child well (not your GP) and who we can contact for more information:	
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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.

Please indicate which category of funding you'd like to apply for, if applicable. In the space below, please state the item you're requesting. If you request more than one item, please state which one is most critical. Please note due to limited funding the Trustees are unable to provide assistance with items such as mobile phones, Games Consoles and Holidays*.

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- ___ **Household Costs (Child needs to be a current inpatient to qualify)**
- ___ **Therapy**
- ___ **Respite**
- ___ **Hospital Costs**
- ___ **Medication/Medical Supplies**

Other-please specify below

Items:

Why do you need our help:

Have you contacted or applied to any other organisations for this request? Yes/No

Please list the organisations that you have contacted and their reply

Buttercup Children's Trust relies on donations from the 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 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 discuss your application with you were necessary.
2. If your application is successful, inform you of any subsequent grants, advice, or other support services that we are able to provide within 12 months of your award date.

I confirm that the information provided within this application is true and accurate.
I understand that the Charity may check all details provided.

Signature_____ Date_____

Print name : _____