



GRANT APPLICATION & ASSESSMENT FORM

- (i) If your request entails the purchase of equipment, please attach a full description of the equipment concerned, together with evidence of estimated cost thereof. For example, a quotation or a copy of a price catalogue.
- (ii) Please try to be specific. Short notes rather than a long essay would be appreciated. If you need more than one page to describe the case, please attach the extra page(s) hereto.
- (iii) In allocating its funds, the trustees will favour to provide grants or items for specific purposes rather than making grants for general charitable purposes to institutions.

The trustees will means test ALL applications; in addition, all applications will be assessed using a point scoring system.

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.

Your Details:

Your full name: (Person completing this application)	
Address	
Postcode:	
Home/Mobile number:	
Email: (Please write legibly.0)	

Have you applied to us before? Y - N

If yes, what was your application Successful? Y - N

Approximately, when did you last apply? _____

We can only assist children in the United Kingdom.

Are you a British Citizen? Y - N

Have you lived in the UK for the last 6 months? Y - N

If you answered No, please give details. _____



Child/Young person's details:

Child's full name(s)		
Date of birth:	M/F	Age:
Please tell us the child's condition or diagnosis if known:		
Date of diagnosis if known:		
Does your child receive DLA/PIP		
What rate(s) do they get:		

Please confirm if any of the following currently apply:

Statement (SEN) Y - N

Coordinated support plan (CSP) Y - N

Education, Health and Care Plan (EHC) made: Y - N

Individual Education Plan (IEP) made: Y - N

Note: We reserve the right to submit details of your application 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.



<p>We will need the name and contact details 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 (if necessary).</p>	
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Your requirements:

Item(s) Required:	
Cost (If known):	
Supplier (If known):	
How will this benefit/improve the daily life of the child/young person?	

PLEASE PROVIDE ESTIMATES OR QUOTATIONS IF POSSIBLE

Have you applied to any other charity or organisation for this specific equipment or item?
 Y - N

If yes, which one(s) _____

What was the outcome _____



Tel: 0330 1330 870 ● Email: trustees@makethemsmile.org.uk ● Web: makethemsmile.org.uk

Is your accommodation:

Local authority rented Owner Occupied Private rented Housing Association

My accommodation is Temporary Permanent

Your Household Income:

Income	Week/Fortnight/Month
Total household wages/sick pay/maternity allowance/JSA/Incapacity benefit	£
Working Tax Credit / Universal Credit	£
Child Tax Credit	£
Child Benefit	£
DLA/PIP	£
Pension Credit	£
Maintenance	£
Housing Benefit	£
Other	£
TOTAL INCOME	£
Savings	£
Outgoings	
Rent/Mortgage	£
Council Tax	£
Electricity	£
Gas	£
Water	£
Insurance	£
Pension	£
Groceries	£
Telephone	£
HP/Finance	£
CCJ'S	£
Travel	£
Other	£
Other	£
Other	£
Other	£
Other	£
Other	£
Other	£
TOTAL OUTGOINGS	£

We need to know about the money coming into your home.

If applicable, you must send us photocopies of one of the benefits or tax credits listed below.



Tel: 0330 1330 870 ● Email: trustees@makethemsmile.org.uk ● Web: makethemsmile.org.uk

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.

PLEASE DO NOT SEND ORIGINALS AS WE CANNOT RETURN THEM.

Do you or your partner receive any of the following 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.

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

Name of Person in image _____ Age: _____

I confirm that I give Make Them Smile permission to use my child(ren)'s image:

Parent/guardian signature _____

Finally, where did you hear about our charity? _____

Checklist.

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 may be able to provide within 12 months of your award date.

Name of main carer/applicant _____

Signature _____

Date _____



CHECKLIST

- Have you Completed all Sections of this application? *** Y - N
- Have you Attached/Enclosed Supporting Documents? *** Y - N
- Have you Attached/Enclosed Bank Statements? (All Accounts) *** Y - N
- Have you Attached/Enclosed Photographs (if applicable)? Y - N
- Have you Attached/Enclosed Quotations (if applicable)? Y - N

(* Must be included, your application may be rejected without these)

Please email your completed form and documents to trustees@makethemsmile.org.uk

Alternatively, post to Make Them Smile, The Business Hive, 13 Dudley Street, Grimsby, DN34 2AW

Part 6, Permissions.

GDPR - KEEPING YOUR DATA SAFE

Protecting your personal data has and always will be our priority.

We are registered with the I.C.O (information commissioner's office)

Why do we store your personal data?

We use your data to assist us when making a decision, regarding your application.

We may also 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 safeguard your personal information; we do this by using appropriate security and technical controls. Any person 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.

Our main source of income is through donations from the public to fund projects for children and their families throughout the UK.

It would assist us 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 advertisements and other publicity material such as leaflets, brochures etc.