



**ABOUT THE APPLICANT**  
This section is about the person applying for the grant who must be the main carer, hold parental responsibility and who the child/young person lives with on a permanent basis.

Title (Mr, Mrs, Miss, Ms, Other)	
First Name(s)	
Surname	
Date of Birth	
Address	
Home Telephone Number	
Mobile Telephone Number	
Email Address	
Your Relationship to the Child	
Nationality	

**ABOUT YOUR PARTNER**  
This section is about the person who lives with you, for example, husband, wife, civil partner, boyfriend, girlfriend.

Title (Mr, Mrs, Miss, Ms, Other)	
First Name(s)	
Surname	
Date of Birth	
Relationship to the Child	

**CHILD'S DETAILS**  
This section is about the child or young person that this application relates to.  
Please give as much detail as you can to assist us with your application.

First Name(s)	
Surname	
Date of Birth	
Male/Female	
How long has the child lived in the UK	
Disability	
Please give details of how their disability affects them	

Please provide details of Disability Living Allowance (DLA) or Personal Independence Payments (PIP) that your child has been awarded. You must send a copy of the DLA/PIP award with this application.

Care Component DLA	Higher Rate	
	Middle Rate	
	Lower Rate	
Mobility Component DLA	Higher Rate	
	Lower Rate	
Care Component PIP	Higher Rate	
	Lower Rate	
Mobility Component PIP	Higher Rate	
	Lower Rate	
My Child Does Not Receive DLA/PIP	Have Not Applied	
	Awaiting Decision	
	Have Been Refused	

Please provide details of any treatment or therapy that your child is currently receiving, for example, physiotherapy, occupational therapy, play therapy, speech therapy etc. Please provide as much detail as possible about the treatment and therapy that they receive such as how often and how long it takes.

Please provide details of any equipment or aids that are used by your child.

Please provide details of the professionals involved in your child's care/treatment. For example, Physiotherapist, Occupational Therapist, Play Therapist, Speech Therapist etc. Please provide full details for each professional. If there is not sufficient space below to enter all of the professionals details, please continue on a separate piece of paper and include with the application.

Full Name	
Profession/Specialist Area	
Full Address	
Telephone Number	

Full Name	
Profession/Specialist Area	
Full Address	
Telephone Number	

Full Name	
Profession/Specialist Area	
Full Address	
Telephone Number	

If your child receives additional support at Nursery/School, please provide details of what additional support they receive. Please provide as much detail as possible to assist us with your application.

Details of any Educational Support that your child receives at school	
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Details of any Physical/Mobility Support that your child receives at school	
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Details of any Therapy Support that your child receives at school	
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Please provide details of your child's Nursery/school

Name of School	
Contact Name (Teacher/TA/Headteacher)	
Full Address	
Telephone Number	

**YOUR GRANT**

This section is about the equipment that you would like us to consider providing a grant towards and to which this application relates.

Please provide as much detail as possible as to why your child requires the equipment, how it will be used and how it will benefit the child.

Equipment required (please be as specific as possible regarding any special requirements to the equipment, attachments etc.)	
Does your child already have this or similar equipment?	
If Yes, please provide details as to why you are applying for funding for equipment of the same nature	
Has your child been assessed for this equipment recently? If so, please provide details of who has assessed your child and if possible enclose supporting documentation of the assessment and outcome	
What is the total cost of the equipment?	
What amount towards the total cost of the equipment are you asking us to consider contributing by way of a grant?	
Have you applied to any other Charity or Organisation for this equipment?	
If Yes, please provide details of which Charity/Organisation and the outcome	
How and where will your child use this equipment?	
Does your child have any goals that this equipment will assist/enable them to achieve?	
Please provide details of activities and events that your child will participate in if this application is successful	

By signing and submitting this application, you are consenting to us using the information that you provide to us for the purposes set out in the Terms and Conditions, and you are consenting to us contacting anyone within this application form for further details in connection with this application.

Name of Applicant (Main Carer with Parental Responsibility)

Signature

Date

Name of Partner (if applicable)

Signature

Date



## TERMS & CONDITIONS

**By submitting this application to the Be More Bailey Charitable Foundation, I agree to be bound by the Terms & Conditions.**

**I declare that:**

1. The information that I have provided is accurate and complete.
2. I am the main carer of the child/young person that this application relates to.
3. I hold parental responsibility for the child/young person that this application relates to.
4. The child/young person lives with me on a permanent basis.
5. I am a UK resident and the child that this application relates to is a UK resident.
6. I consent on behalf of myself, the child to which this application relates to and any other individual whose details are included within the application, to the Be More Bailey Charitable Foundation processing and storing personal information in connection with this application. I am authorised to give such consent on behalf of all of the individuals whose details are included within this application.

**By submitting this application to the Be More Bailey Charitable Foundation, I agree to the following statements with regard to the applicant and the child:**

**I declare that:**

1. I understand that the Be More Bailey Charitable Foundation may retain on its files, information about all of the individuals included in the application for as long as a child remains eligible to apply for grants from the Charity and for six years following the date at which the child ceases to be eligible.
2. I understand that the information retained will include contact information for all individuals that have been included within the application including family members and third parties whose information has been submitted.
3. I understand that should any of the contact details require amending or deleting, I must inform the Be More Bailey Charitable Foundation, in writing, as soon as the change in details arises.
4. I understand that I may receive information about the Be More Bailey Charitable Foundation and associated third parties that are connected to the activities of the Charity.
5. I understand that grants will normally be paid directly to the equipment suppliers and that no cash alternative will be provided.
6. I understand that I must not sell or transfer any goods for which the Be More Bailey Charitable Foundation has provided grants towards, within 3 years without prior written consent from the Be More Bailey Charitable Foundation.
7. I understand that there is no entitlement to a grant and that all cases are assessed on an individual basis.
8. I understand that by accepting a grant awarded as a contribution towards equipment, I will be expected to pay any additional amounts required in order to complete the purchase of the equipment.
9. I understand that any grant provided is towards the purchase of equipment only and that the Be More Bailey Charitable Foundation will not be responsible for any maintenance costs of the equipment, repair to accidental damage or public liability.
10. I understand that the Be More Bailey Charitable Foundation will investigate any allegations of the misuse of grants or fraud and will prosecute if there is sufficient evidence to prove that fraud has been committed.
11. I understand that if the Be More Bailey Charitable Foundation considers that the grant/grant funded equipment has not been used for the charitable purpose for which it was given, then the applicant and the child will not be eligible for any future grants from the Charity.
12. I understand that the Be More Bailey Charitable Foundation may contact me using the contact details submitted within this application, in connection with fraud detection and prevention.
13. I understand that if I have given consent, then the Be More Bailey Charitable Foundation may use my information for publicity purposes to further promote the Charity.