



caudwell
children

Changing Children's Lives
RCN 1079770
SC 043874

Caudwell Children Application Form

Specialised Equipment

Please tick one

80% of the total cost

Powered Wheelchairs (Certain models only and when outside wheelchair services criteria.)

70% of the total cost

Specialised Buggies & storm/rain covers (Includes storm/rain covers for NHS provided buggies.)

Therapy Tricycles (Self-propelled only and to a maximum value of £2,500)

Caudwell Children Sensory Packs (We will send you a leaflet in the next stage of the process)

Specialised Car Seats

Specialised Car Harnesses

STEP - Therapy for Cerebral Palsy & Brain Related Disorders

Maximum of £1,000 per child per annum

Conductive Education

The Scotson Technique at the Advance Centre

Therapy at the Cerebral Palsy Physiotherapy Centre (CPPC)

Craniaa Neuro Rehab Centre (Northern Ireland only)

ACT - Autistic Children's Therapies

Only available to families who have an existing/current Caudwell Children funded programme.

Maximum of £1,000 per child per annum

ABA Therapy (Applied Behavioural Analysis) (Home based programmes only & restrictions in hourly rates and hours apply)

Dietary & Nutritional Interventions (Consultations, supplements and tests only)

The Scotson Technique at Advance Centre

Treatment - Selective Dorsal Rhizotomy (SDR)

Special Fund

£2,500 - £5,000 towards the SDR surgery in the UK or USA, dependant on the cost of the surgery.

Fundraising Support for SDR (UK & USA)

Other treatment abroad and/or social costs associated with that treatment may be considered following research and discussion with healthcare professionals. This process may take some time. **Please do not apply for Fundraising Support on this form.** Please call or email for a Fundraising Support application form.

Enable Sport

The Enable Sport Programme provides specifically designed sports equipment to enable disabled children and young people to participate in competitive sport. Availability of the programme is reliant on sponsorship and appeals **Please do not apply for sports equipment on this form.** You can apply online on our website, or call or email us and we will post an application form to you.

Destination Dreams

Destination Dreams is an annual group holiday for 25 families with children fighting a life-threatening condition. **Please do not apply for Destination Dreams on this form.** Please see our website, or call or email us for information on the next available programme and to register your interest.

Caudwell Children Criteria

- The child must be 18 years old or under at the time of application and the application must be fully completed prior to their 19th birthday.
- The child and their parents must be legal residents of the United Kingdom, Isle of Man or the Channel Islands.
- The child must have a chronic illness or disability.
- Support is only available to families whose joint wages/salaries are less than £45,000 gross per annum. Caudwell Children will need proof of income from the parents or guardians, and any benefits, saving and assets will also be taken into account. Should you not wish to disclose your financial details, your application cannot be considered.
- Caudwell Children only provides support for the programmes/projects listed on the front page of this application form.
- The child must satisfy Caudwell Children's criteria for each programme/project.

Application Guidelines

- Support is limited to **one donation per child, per calendar year**.
- Caudwell Children provide a maximum of **70%** of the funds required for **equipment under £5,000** and a maximum of **80%** of the funds required for **equipment over £5,000**.
- Caudwell Children are unable to consider applications for **equipment** (excluding powered wheelchairs) **over £2,500**.
- Funding for therapies within the **ACT Programme** is only available to families who have an **existing/current Caudwell Children funded programme**. If you have an active account for any of the listed **ACT therapies** (ie. funding has been used within the last 12 months) you may re-apply for further funding for the same therapy.
- Support within the **ACT** and **STEP Programmes** is limited to **£1,000 per child per annum**.
- An application may be made on behalf of a child in foster care, however means testing may apply for long-term placements.
- If you have received a large sum in compensation by way of a legal claim in regards to the child's condition, you will not be eligible for funding.
- Proof/confirmation of the child's condition in written form will be required from a professional body or health care professional, as will confirmation that the item requested is suitable for that child.
- Caudwell Children is responsible for the ordering of any equipment or service. Caudwell Children cannot pay any monies into other funds or collections and cannot in any circumstances reimburse families for money already spent.
- Caudwell Children is unable to consider providing any piece of equipment or service that has been ordered or purchased before the application has been approved.
- Suppliers must be registered with Caudwell Children.
- The application form must be completed truthfully and signed.
- In rare circumstances a visit may be required from a Caudwell Children representative.
- Caudwell Children does not make donations to other charities, trusts or organisations. All requests for support must be by application form and be on behalf of a specific child.
- All applications are at Caudwell Children's discretion and are subject to the availability of funds.
- An application may be declined where a family has a significant level of savings, assets or household income.
- Caudwell Children reserves the right to decline support.

1. Applicant details (this is the person filling out the form)

Application No.

First Name(s)	<input type="text" value="Mr / Mrs / Miss / Ms"/>	Surname	<input type="text"/>	
Address	<input type="text"/>			
<input type="text"/>	Post Code	<input type="text"/>	Contact No.	<input type="text"/>
Relationship to Beneficiary	<input type="text"/>			

Please note: The beneficiary is the child who you are applying for.

2. Beneficiary details (this is the child / young person on whose behalf you are applying)

First Name(s)	<input type="text"/>	Surname	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	Other Name(s)	<input type="text"/>
NHS No.	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Please note: This is other names the child is or has been known by.

3. Details for Beneficiary's Parents / Guardians

Name of parent's / guardians	<input type="text"/>		
Address	<input type="text"/>		
<input type="text"/>	Post Code	<input type="text"/>	
Work Tel	<input type="text"/>	Home Tel	<input type="text"/>
Mobile Tel	<input type="text"/>	Email	<input type="text"/>
Please provide ONE of the following (DO NOT LEAVE THIS FIELD BLANK)			
UK Passport Number	<input type="text"/>	OR National Insurance Number	<input type="text"/>

3a. UK Residence Status (please tick relevant box)

- | | |
|--|---|
| <input type="checkbox"/> UK Citizen | <input type="checkbox"/> EEA (non UK/EU) living in UK |
| <input type="checkbox"/> EU Citizen | <input type="checkbox"/> International student |
| <input type="checkbox"/> Refugee status | <input type="checkbox"/> Other (please state) |
| <input type="checkbox"/> Settled in the UK (indefinite leave to enter or remain in the UK) | |

3b. Marital Status (please tick relevant box)

- | | | | |
|--|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Civil partnership | <input type="checkbox"/> Cohabiting | <input type="checkbox"/> Widowed | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Married | <input type="checkbox"/> Single parent | <input type="checkbox"/> Divorced | |

3c. Residential Status (please tick relevant box)

- | | | |
|--------------------------------|---------------------------------|---|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | <input type="checkbox"/> Other (please state) |
|--------------------------------|---------------------------------|---|

3d. If you are a home owner - what type of house (please tick relevant box)


- | | | | |
|-----------------------------------|--|---|---|
| <input type="checkbox"/> Detached | <input type="checkbox"/> Semi-detached | <input type="checkbox"/> Flat/apartment | <input type="checkbox"/> Terrace/town house |
|-----------------------------------|--|---|---|

3e. Please provide details of additional children (the beneficiary details are not required here)

Number of dependant children	
Name:	Date of Birth: / /
Name:	Date of Birth: / /
Name:	Date of Birth: / /
Name:	Date of Birth: / /

4. Application

4a. Details of main diagnosis (e.g. cerebral palsy, autism)



4b. Donation / item(s) requested




4c. What is the cost of the donation / item(s) requested? A

(Please estimate if you do not know the exact amount)

£

A Please note that the maximum award for therapy under **ACT** and **STEP** is **£1,000**. **ACT** is only available to those who have **previously benefited from funding for that programme**.

4d. Background information / history



4e. How the child's disability affects their daily life



4f. Difference this donation would make to the child and your family



4g. Parent/guardian financial status (include only if they live in the child's main home)

Total gross earnings of parents/guardians (if applic)	£	Per: Week / Month / Year
Benefits	£	Per: Week / Month / Year
Pension	£	Per: Week / Month / Year
Maintenance	£	Per: Week / Month / Year
Other	£	Per: Week / Month / Year
Savings (if applic.)	£	Per: Week / Month / Year
Mortgage(s) Outstanding (if applic.)	£	Per: Week / Month / Year
Other Assets	£	Per: Week / Month / Year

Father / Guardian 1

Job title:

Name of employer:

Address:

Duration of Employment:

Mother / Guardian 2

Job title:

Name of employer:

Address:

Duration of Employment:

Previous employers within the last nine years?



This is to signpost you to other charities who may be able to help with any balance of funds needed for equipment.

5. Other Information

5a. Have you raised any funds towards the requested item and if so how much?

£



5b. Details of other charities/organisation applied to and any funds secured



Please answer YES or No to the following questions.

Yes No


5c. Have you previously been supported by Caudwell Children?

5d. Have you received any compensation by way of a legal claim in regards to the child's/young person's condition?

If YES, please specify amount received

£

5e. Are you currently pursuing a legal claim in regards to the child's/young person's condition?

 If YES to either of the above, please give details

5f. So you believe your child's injury/disability is as a result of another person's fault or negligence?

- If YES have you sought legal advice?

5g. Please tell us how you heard about Caudwell Children



CONSENT

Tick all that apply

One of the most effective ways to help Caudwell Children is to give consent for us to use your information to help with raising awareness and fundraising. We accept that consent can be changed at any time by the child/young person and/or their parent/guardian.

I give consent for Caudwell Children to use my child's details (e.g. first name, age, condition, general area) for general marketing purposes including online.

I give consent for Caudwell Children to use the photographs associated with this application that I have provided, for the same purposes as above.

I do not wish to give consent (this will in no way affect the outcome of your application).

Occasionally Caudwell Children would like to send you information about the work of the Charity, news updates and fundraising events and challenges. By ticking this box I am consenting to receive future marketing information which could be received by phone, email or post.

Please be aware that should your application progress further, Caudwell Children will require additional information.

CONTRACT AGREEMENT (all boxes must be ticked)

Tick all that apply

I confirm that all the details that I have provided within this form are true and correct to the best of my knowledge. I understand that failure to disclose full details could invalidate my application.

I understand that Caudwell Children may need to discuss my application with the healthcare professionals/suppliers involved in it.

I understand that if Caudwell Children do not receive all the supporting documents within six months from the initial request, then my application will be closed.

I understand that no money will be paid directly to myself and that Caudwell Children will not reimburse any money that I have already spent.

Signature:

Full Name

Date

/ /



Application & Assessment Process

1. Application Form

Assessment of the application form by the Applications Department.

Assessment by Head of Application Services
Decision by the CEO or a Trustee of Caudwell Children.

2. Supporting Documents

- A** Request for supporting documents.
- B** Assessment of completed file by the applications department.

- Decision**
- C** Beneficiaries parents / guardians informed of decision by letter.

Please note

- A** If supporting documents are outstanding after six months of the initial request, your application will be closed as it will be assumed that you do not wish to continue. All your documents relating to that application will be securely destroyed. If you are having difficulty in returning these documents please call us and we can extend this deadline.
- B** Caudwell Children ensures that all applications are processed as quickly as possible. As a guideline, this may take anywhere between one and six months, dependant on the complexity of the application, quick completion by the applicant, quantity of applications being assessed at the time and funds available. At any point, questions may arise from the assessment procedure, which may lengthen the process. It is in your interest to answer all questions as fully as possible and to provide all supporting documentation requested, as failure to do so will delay any decision.
- C** Caudwell Children is unable to give decisions over the telephone.

Occasionally items do get lost in the post, although we encourage applicants not to chase their applications, if you do not hear from us within one month of submitting correspondence then please call us on **0345 300 1348**.

Whilst we aim to process all applications as quickly as possible, we do ask you to be patient. Although we understand that you would like a decision on your application as soon as possible, we will not tolerate any verbal abuse, swearing or discourtesy to our staff or volunteers and this will result in your application being declined.

Thank you for completing this form, we will contact you to confirm receipt.

Please return to: Caudwell Children, Applications Department, Minton Hollins Building, Shelton Old Road, Stoke-on-Trent, ST4 7RY

 **0345 300 1348**

 **applications@caudwellchildren.com**

 **caudwellchildren.com**

 **caudwellchildren**

 **@caudwellkids**


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Changing Children's Lives



Equalities Monitoring Form

Your Details

Nationality & Ethnic Origin

Tick one

- | | |
|-------------------------|--------------------------|
| White - British | <input type="checkbox"/> |
| White - Irish | <input type="checkbox"/> |
| Other White Background | <input type="checkbox"/> |
| Black - British | <input type="checkbox"/> |
| Black - Caribbean | <input type="checkbox"/> |
| Black - African | <input type="checkbox"/> |
| Other Black Background | <input type="checkbox"/> |
| Asian - British | <input type="checkbox"/> |
| Asian - Indian | <input type="checkbox"/> |
| Asian - Pakistani | <input type="checkbox"/> |
| Asian - Bangladeshi | <input type="checkbox"/> |
| Other Asian Background | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> |
| Mixed Background | <input type="checkbox"/> |
| Other Ethnic Background | <input type="checkbox"/> |

Gender

Male Female

Age

16 - 19 20 - 29 30 - 39
40 - 49 50 - 59 60+

Religion

Christian Muslim None
Jewish Hindu Other

Other:

1st Language:

2nd Language:

Child's Details

Nationality & Ethnic Origin

Tick one

- | | |
|-------------------------|--------------------------|
| White - British | <input type="checkbox"/> |
| White - Irish | <input type="checkbox"/> |
| Other White Background | <input type="checkbox"/> |
| Black - British | <input type="checkbox"/> |
| Black - Caribbean | <input type="checkbox"/> |
| Black - African | <input type="checkbox"/> |
| Other Black Background | <input type="checkbox"/> |
| Asian - British | <input type="checkbox"/> |
| Asian - Indian | <input type="checkbox"/> |
| Asian - Pakistani | <input type="checkbox"/> |
| Asian - Bangladeshi | <input type="checkbox"/> |
| Other Asian Background | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> |
| Mixed Background | <input type="checkbox"/> |
| Other Ethnic Background | <input type="checkbox"/> |

Gender

Male Female

Age

0 - 4 5 - 9
10 - 14 15 - 18

Religion

Christian Muslim None
Jewish Hindu Other

Other:

1st Language:

2nd Language:

Parent / Guardian Disability status

I consider myself to be a disabled person

I do not consider myself to be a disabled person