

Enable Sport Application Pack



Application Guidelines

Caudwell Children's Enable Sport Programme will provide specifically designed sports equipment to enable disabled children and young people to participate in sport.

The application must be on behalf of a particular child, Caudwell Children is unable to make donations to sporting organisations.

The child must be 18 years old or under at time of application, resident in the United Kingdom and have an illness or disability.

Funding is only available to families whose joint wages/salary is less than £45,000 gross per annum (not including any benefits). The financial details required are those of the parents or guardians and any saving or assets may be taken into account.

The donation must make a significant difference to the child's life.

The donation must be used for a specific item and not given as a general donation e.g. wheelchair, exercise equipment.

The Charity is unable to give money to a general fundraising campaign for an individual child, however the Charity is able to purchase or fund a specific item within that campaign.

Invoices for payment to be made out to Caudwell Children are required. Caudwell Children will pay all monies direct, rather than into other funds/collections.

The application form must be completed truthfully and signed.

Proof/confirmation of the child's situation (in written form) from a professional body will be required e.g. doctor/consultant as will confirmation that the item requested is suitable for that child.

A supporting letter from the child's sports coach, sports development team, club or teacher must be supplied.

Decisions will be based on those in greatest need of financial assistance and the sporting potential of the child.

Visit or several visits by Trudi Beswick, CEO of Caudwell Children or a Trustee may be required.

This is a limited fund and a one-off programme

Caudwell Children reserves the right to decline funding.

Caudwell Children

Enable Sport Programme

Application Form

"Making direct donations to specific child cases of sickness & specialised medical requirements"

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

Mr / Mrs / Miss / Ms *(please delete)* Surname

First Name(s) Contact Number:

Address

.....

Relationship to Beneficiary* Name of Beneficiary*

Date of birth of Beneficiary*/...../..... * The child for whom you are applying

2. Details for Beneficiary's Parents/Guardians

Name of Parents/Guardians

Address

.....

Post Code Time at Present Address Years Months

If under 5 years please give previous address

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Work Phone Number Evening Phone Number

Mobile Number Email address:

UK Passport Number OR National Insurance No:

Marital Status (please tick the relevant box)

Married/Cohabiting Single Parent Widowed Divorced/Separated

Residential Status (please tick the relevant box)

Owner * Tenant Living with parents Other

*If owner what type of house Detached Semi-detached Terrace

No of dependant Children Details of additional children (beneficiary details not required)

Name Date of Birth/...../.....

Name Date of Birth/...../.....

Name Date of Birth/...../.....

Name Date of Birth/...../.....

3. Application

3.1 Name of child's illness/condition

3.2 Donation/item(s) requested

3.3 Cost of donation/item(s) requested Please estimate if you do not know an exact amount £.....

3.4 Present quality of child's life

3.5 Difference this donation would make

3.6 Background/Additional Information

3.7 Parent/Guardian Financial Status

		<i>Please delete</i>	
Total GROSS earning of parents/guardians (if applic.)	£	Per annum/per month/per week	
Additional Income	Benefits	£	Per annum/per month/per week
	Pension	£	Per annum/per month/per week
	Maintenance	£	Per annum/per month/per week
	Other	£	Per annum/per month/per week

3.8 Parent / Guardian Employer Information

Father/Guardian 1 Job Title	.....	Mother/Guardian 2 Job Title	.....
Name of Employer	.....	Name of Employer	.....
Address	.....	Address	.....
.....
Duration of Employment	.....	Duration of Employment	.....
You can contact my employer	Yes/No (please delete)	You can contact my employer	Yes/No (please delete)

3.9 Your Fundraising (if applicable)

Please complete this section if you are asking for a donation towards an ongoing appeal

How much money is required in total in regards to the appeal £.....

Please show a breakdown of these costs below:

Item/Description		
Cost 1	.....	£.....
Cost 2	.....	£.....
Cost 3	.....	£.....
Cost 4	.....	£.....
Cost 5	.....	£.....
Cost 6	.....	£.....

How much money in total have you raised to date in regards to the appeal £.....

How much money have you spent to date in regards to the appeal £.....

How much money is still required to reach your target £.....

4. Other Information Required

4.1 Details of other organisations applied to: *This will in no way affect the outcome of your application*

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4.2 What benefits will the support of Caudwell Children bring:

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4.3 Should your application be successful would you authorise Caudwell Children to use your details for publicity and general information?

This will in no way affect the outcome of your application

Yes No (please delete)

4.4 Have you received any compensation by way of a legal claim in regards to the child's condition?

Yes No (please delete)

If **Yes** please specify amount received

£.....

Are you currently pursuing a legal claim in regards to the child's condition?

Yes No (please delete)

If **Yes** to either of the above please give details.....

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.....
.....
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4.5 Please tell us how you heard about Caudwell Children?

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.....

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

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.

Name (printed)

Signed Date / /

THANK YOU FOR COMPLETING THIS FORM, WE WILL CONTACT YOU TO CONFIRM RECIEPT

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

This programme is supported by 

Equalities Monitoring Form Strictly Confidential

Child's Details

Nationality & Ethnic Origin

- White – British
- White – Irish
- Other White background
- Black – British
- Black – Caribbean
- Black – African
- Other Black background
- Asian British

- Asian British
- Asian – Indian
- Asian – Pakistani
- Asian – Bangladeshi
- Chinese
- Other Asian background
- Dual Heritage/Mixed
- Other ethnic background

First Language

Gender

- Male
- Female

Age

- 0-4
- 5-9
- 10-14
- 15-19

Religion

- Christian
- Muslim
- Jewish
- Hindu
- Other
- None

Your Details

Nationality & Ethnic Origin

- White – British
- White – Irish
- Other White background
- Black – British
- Black – Caribbean
- Black – African
- Other Black background
- Asian British

- Asian British
- Asian – Indian
- Asian – Pakistani
- Asian – Bangladeshi
- Chinese
- Other Asian background
- Dual Heritage/Mixed
- Other ethnic background

First Language

Gender

- Male
- Female

Age

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

Religion

- Christian
- Muslim
- Jewish
- Hindu
- Other
- None

Disability Status

- I am not a disabled person
- I consider myself a disabled person

This data will be used for monitoring equality of opportunities.