

GRANT APPLICATION FORM GUIDANCE NOTES

Please read these notes carefully before completing the application form.

If you require support to access this form and complete the details, please contact us at swindon@ndcsgroup.org.uk and we can arrange support for you.

1. Relevant objectives of the Charity:

- To advance the education of children and young people with a hearing impairment.
- To promote deaf awareness and support the needs of deaf children.

2. Types of requests the DCS will consider:

- assistance with the purchase of specialist hearing equipment which will benefit an individual member
- the provision of funding for specialist courses that will support the advancement of the child's education
- support for professional assessments

3. Who the DCS consider applications from:

- Current members who are signed up to Swindon & North Wiltshire Deaf Children's Society may apply – Non-members are not eligible.

4. How to apply to the Swindon & North Wiltshire Deaf Children's Society for a grant:

- a) Complete the application form and send to the address shown on the form.
- b) A letter supporting the application is requested.
- c) If an applicant is under 18 the application form must be completed in full by the parent or guardian, with a supporting letter or other official papers.
- d) Requests for grants towards equipment or services must be supported by a written quote(s) from the supplier or provider.
- e) All grants for equipment and services will be paid direct to the supplier or organisation, whenever this is possible. This is in almost all cases. Receipts of completed purchases must be sent to the Treasurer of the charity.
- f) Please note that the submission of an application does not guarantee that a grant will be made or that an accepted application will receive the full funding requested.
- g) The committee encourages additional information in support of the application.

5. How decisions are made on grant allocations:

- a) The committee meets a minimum of 4 times per year and all submissions will be considered at the first available meeting.
- b) The committee will only consider grant applications that meet the objectives of the charity.
- c) The committee will only consider grant applications that meet the type of requests outlined in this document.
- d) The charity can only consider applications with valid and up-to-date evidence of the applicant's hearing impairment (most recent audiogram).

- e) The committee take into account the expected outcome for the child relative to the cost of the grant.
- f) The committee only approves multiple grants from an individual applicant within a 5-year period in exceptional circumstances and where the need has been clearly demonstrated in the application.
- g) If a S&NW DCS committee member applies for a grant, they may not be present when the application is considered by committee or vote on the outcome.
- h) When presenting your application to committee for consideration, the applicants name will be redacted.
- i) Each application will be considered on its own merit and the decision will be decided by the committee in accordance with its constitution and grant application guidelines.
- j) The committee's decision on an application is final and may not be appealed.

6. Your responsibility:

It is the responsibility of applicants to ensure that:

- a) The application is completed in full, including the check list at the end of the form.
- b) Supporting material is included wherever necessary.
- c) A stamped addressed envelope is included for the Charity's reply, if required by post.

7. Your data:

- a) The application documentation is held securely by S&NW DCS until final payments have been made and is then securely destroyed.
- b) S&NW DCS will retain a record of your name, reason for the grant, value of the grant and committee decision for a period of 5 years.
- c) S&NW DCS will never share any of your data with 3rd parties

PLEASE READ THESE NOTES CAREFULLY BEFORE COMPLETING THE NEXT SECTION

The charity asks families and individuals to make a contribution towards the total costs requested, if at all possible. This will enable our Charity to support more applications.

If you require financial help to:

BUY SPECIALIST EQUIPMENT TO IMPROVE HEARING TO ASSIST WITH EDUCATION:

- a) supply full details of the product and breakdown of the costs with formal written quotations from the suppliers. Please note website print outs are not acceptable.
- b) supply a letter from the school/college, Teacher of the Deaf or other independent professional involved in the care of your child, in support of the equipment being requested.

CONTRIBUTE TOWARDS COSTS OF SPECIALIST COURSE

- c) supply a written provider organisation, providing details of the costs and number of sessions/weeks required/recommended.
- d) supply details of the provider's business and qualifications to deliver the course.
- e) supply a letter from the school/college, Teacher of the Deaf or other independent professional involved detailing how the course will benefit the education of the deaf child/young person.

CONTRIBUTE TOWARDS COSTS OF FEES FOR PROFESSIONAL ASSESSMENTS

- a) provide details of the Organisation/professional/s who will be conducting the assessments and details of the assessment & written quotations for such services.

ASSIST WITH THE COSTS OF A SIGN LANGUAGE COURSE.

- a) supply a formal quotation from the provider organisation.
- b) ensure that the application form is completed in the name of the person with the hearing impairment and detail who will be attending the course.

FUND ANY OTHER AREAS WHICH WOULD BE OF EDUCATIONAL BENEFIT.

- a) Please supply full details of support, suppliers and costs including written quotations.

Note: All Applications must supply: A copy of your most recent Audiogram.

GRANT APPLICATION FORM

Please read the application form carefully and then complete ALL the sections that apply to you, giving as much information as you can to assist the committee with their decision-making.

This form and supporting documentation submitted by you will be presented to the S&NW DCS committee to consider whether we can agree to accept your claim and your data will be stored as described in the guidance. Please tick this box to give your consent. If this is not ticked, we are unable to accept your application

Details of person to receive the benefit (The Applicant):

1. Full Name: _____
2. Address: _____

3. Date of birth: _____
4. Daytime Tel: _____
5. Evening Tel: _____
6. Mobile Tel: _____
7. E-mail address: _____

If the applicant is under 18 years of age, please provide:

8. Name of parent OR Name of Guardian/Sponsor: _____
Please provide details of relationship to Applicant: _____
9. Name of Nursery, School, College or University the child or young person is currently attending, or name of Employer: _____
10. Address: _____

11. Telephone No.: _____

If the Applicant is under 18, then the parents/guardians/sponsor should complete the following questions:

12. Are you in employment?

Mother: Yes [] No [] Full-time: Yes [] No [] Part-time: Yes [] No []

If yes, Employer's name: _____

Job description: _____

Father: Yes [] No [] Full-time: Yes [] No [] Part-time: Yes [] No []

If yes, Employer's name: _____

Job description: _____

13. If not in employment, are you currently in receipt of benefits?

Mother: Yes [] No [] Father: Yes [] No []

If the Applicant is 18 or over, then he/she should complete the following questions:

14. Are you in employment?

Yes [] No [] Full-time: Yes [] No [] Part-time: Yes [] No []

If yes, Employer's name: _____

Job description: _____

If not in employment, are you currently in receipt of benefits? Yes [] No []

Please tick the box showing the level of the applicant's hearing loss:

15. Left Ear: Mild [] Moderate [] Severe [] Profound [] Cochlear Implant []

16. Right Ear: Mild [] Moderate [] Severe [] Profound [] Cochlear Implant []

NB: A copy of your most recent Audiogram is required. The charity can only consider applications with valid and up-to-date evidence of the applicant's hearing impairment.

Please state clearly what the grant is for and how the financial support will benefit you in the future (Additional sheets of paper may be appended to support this question)

17. _____

What is the total cost of the equipment or support you are requiring?

18. £ _____

Please provide details of contributions you or your family are making towards the total cost:

19. You: £ _____

20. Your Family: £ _____

Please state the contribution you are requesting from this charity?

21. £ _____

Please provide details of financial support requested or received from other groups or charities - including names of organisations and amounts requested. This includes any amounts still pending:

22. Name of Organisation:

23. Amount Requested: £ _____ Amount Received: £ _____ Amount Pending: £ _____

Please provide details of any previous applications you have made to Swindon & North Wiltshire Deaf Children's Society (This includes you and any members of your family).

FAILURE TO DO SO MAY INVALIDATE YOUR REQUEST.

24. _____

Date Grant Provided: _____ Amount Received: £ _____

Please provide any additional information that you feel supports your application including any letters or paperwork. Decisions made by the Trustees will be based only on the information included in this application and the supporting material provided.

25. _____

DECLARATION:

I/we confirm that the information in this application form is correct and that any grant awarded will be used for the sole purpose(s) stated, and in accordance with any conditions specified, and I/we understand that the Trust will not accept any liability in connection with any grant.

26. Signature: _____

27. Signature of Parent/Guardian/Sponsor (if under 18): _____

28. Date of application: _____

GRANT APPLICATION CHECKLIST:

BEFORE SENDING YOUR APPLICATION TO US, PLEASE TICK THE FOLLOWING AND ENCLOSE THIS SHEET WITH YOUR APPLICATION.

1. CONFIRM YOU ARE A CURRENT MEMBER OF SWINDON & NORTH WILTSHIRE DEAF CHILDREN'S SOCIETY
2. YOU HAVE ENCLOSED A COPY OF THE MOST RECENT AUDIOGRAM
3. YOU HAVE ENCLOSED QUOTATION/S FOR EQUIPMENT
4. YOU HAVE ENCLOSED WRITTEN QUOTATION/S FOR SERVICES, COURSES/TRAINING ETC...
5. YOU HAVE ENCLOSED A SUPPORTING LETTER FROM THE EDUCATIONAL SETTING, TEACHER OF THE DEAF ETC...
6. YOU HAVE COMPLETED ALL QUESTIONS
7. YOU HAVE READ THE NOTE ABOUT MAKING A FINANCIAL CONTRIBUTION.
8. YOU HAVE ENCLOSED A PRE-STAMPED SELF-ADDRESSED ENVELOPE FOR OUR REPLY.
9. IF YOU ARE ENCLOSING YOUR APPLICATION IN A LARGE ENVELOPE, YOU HAVE ENSURED THAT THE CORRECT POSTAGE IS AFFIXED.

ALL COMPLETED APPLICATIONS MUST INCLUDE PAGES 4-8 OF THIS DOCUMENT AND SHOULD BE SENT BY EITHER POST OR EMAIL TO:

- **POSTAL ADDRESS:** The Treasurer, Swindon & North Wiltshire Deaf Children's Society, Hergest Ridge, Bishopstone, Swindon, Wiltshire SN6 8PP
- **EMAIL ADDRESS:** Swindon@ndcsgroup.org.uk – Please ensure the subject line is: GRANT APPLICATION

PLEASE NOTE: WITHOUT THE RELEVANT INFORMATION AND DOCUMENTS, YOUR APPLICATION WILL NOT BE CONSIDERED.