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| SCAMPPS IN SURREY Striving for Children’s Additional Medical, Physical and Personal Support  Registered Charity Number: 1181248  [www.scampps.org.uk](http://www.scampps.org.uk)  07596 666 646 | Final Scampps Logo |

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| Application Form for Donation |

**PLEASE REFER TO THE GUIDELINES ALSO ON OUR WEBSITE AND INCLOSE ANY FURTHER INFORMATION, CLINICAL NOTES AND QUOTES WHICH WILL SUPPORT THE APPLICATION BID.**

**YOU MUST PROVIDE A THERAPIST/CONSULTANT/HEALTH PROFESSIONAL WHO WILL SUPPORT THIS BID**

**WHERE POSSIBLE PLEASE EMAIL THE FORM FOR THE QUICKEST REPSONSE: louise@scampps.org.uk**

**For posting: Scampps, P.O. Box 503, Epsom, Surrey, KT17 9DE**

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| --- | --- | --- | --- |
| Applicant Details (this is the person filling out the form) | | | |
| Mr/Mrs/Miss/Ms | (please delete) | Surname: |  |
| First Name(s): |  | Contact Number: |  |
| Address : |  | | |
|  | | |
| Postcode: | Borough: |  |
| Relationship to Beneficiary: |  | | |
| Email Address |  | | |
|  | | | |
| Child’s Details | | | |
| First Name (s): |  | Surname: |  |
| Address If different to above |  | | |
|  |  | | |
| Postcode: |  | Borough: |  |
| Have you ever attended Little Steps, Ashtead? Y/N |  | Date of Birth: |  |
|  | | | |
| Consultant/Therapist Details | | | |
| Name: |  | Job Title: |  |
| Contact Address: |  | | |
|  |  | | |
| Contact Number  Includng Extension: |  | Postcode: |  |
| Do you give permission for your Therapist to speak to our Clinical Therapist on the Finance Board (Sharon Peaker) to contact you to discuss this application further if necessary? |  | Yes or No: |  |
| |  | | --- | | Application Form for Donation |  |  |  | | --- | --- | | DIAGNOSIS AND CURRENT NEEDS |  | |  |  | | REASON FOR APPLICATION |  | |  |  | | ITEM/S BEING REQUESTED:  NAME OF ISLA BIKE  SIZE  COLOUR |  | |  |  | | TOTAL COST OF ITEM/S  (ITEMISED INCLUDING ANY ACCESSORIES) |  | |  |  | | ARE YOU OR ANY OTHER PARTY FUNDING ANY PROPORTION OF THIS ITEM? IF SO HOW MUCH AND HOW? |  | |  |  | | HAS THIS ITEM BEEN RECOMMENDED BY AN NHS THERAPIST/CONSULTANT?  WHAT WAS THE OUTCOME? |  | | CAN THE CHILD HOP/JUMP/BALANCE/HOLD THEIR CORE?  HAS THE CHLD TRIED THIS BIKE BEFORE?  HAVE THEY BEEN ON A CYCLING COURSE? |  | |  |  | | PLEASE GIVE ANY FURTHER INFORMATION WHICH CAN SUPPORT YOUR APPLICATION |  | | | | |

**All the details 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:**

**Position:**

**Signed:**