

## 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



### Application Form for Funding

**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 SUPPORTS THE REQUEST FOR THIS ITEM**

**ENSURE YOU GIVE FULL DETAILS ABOUT :**

- **CHILD'S DIAGNOSIS**
- **ALL THE REASONS THIS ITEM WOULD BENEFIT THE CHILD/FAMILY**
- **THE EXACT ITEM YOU ARE ASKING FOR WITH QUOTE**

**WHERE POSSIBLE PLEASE EMAIL THE FORM FOR THE QUICKEST**

**RESPONSE: [louise@scampps.org.uk](mailto:louise@scampps.org.uk)**

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

#### Child's Details

First Name (s):		Surname:	
Address :			
Postcode:		Borough:	
Have you ever attended Little Steps, Ashtead? Y/N		Date of Birth:	

#### Applicant Details (this is the person filling out the form)

Mr/Mrs/Miss/Ms		Surname:	
First Name(s):		Contact Number:	
Address:			

	Postcode:	Borough:	
Relationship to Beneficiary:			
Email Address			

### Parental Details (if different to the person filling this form)

Mr/Mrs/Miss/Ms		Surname:	
First Name(s):		Contact Number:	
Address :			
	Postcode:	Borough:	
Relationship to Beneficiary:			
Email Address			

### Consultant/Therapist Details

Name:		Job Title:	
Contact Address:			
Contact Number Including Extension:		Postcode:	
Do you give permission for your therapist to speak to our Clinical Therapist on the Finance Board (Sharon Gosling to contact you to discuss this application further if necessary?)		Yes or No:	

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FULL DETAILS ABOUT THE CHILD'S DIAGNOSIS AND CURRENT NEEDS	
REASON FOR APPLICATION AND HOW THIS ITEM WOULD BENEFIT THE CHILD AND FAMILY	
ITEM/S BEING REQUESTED (INCLUDING WEBLINK OR QUOTE WHERE APPLICABLE)	
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?	
<p>HAS THIS ITEM BEEN RECOMMENDED BY AN NHS THERAPIST/CONSULTANT?</p> <p>WHAT WAS THE OUTCOME OF SPEAKING TO THE THERAPIST?</p>	
HAS THE ITEM BEEN TRIED BY THE CHILD/FAMILY?	

PLEASE GIVE AS MUCH INFORMATION AS POSSIBLE ABOUT HOW THIS EQUIPMENT WOULD HELP AND SUPPORT THE CHILD AND FAMILY.	

**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:**