

SCAMPPS IN SURREY

Striving for Children's Additional Medical, Physical and Personal Support

Registered Charity Number: 1181248

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 WILL SUPPORT THIS BID

ENSURE YOU GIVE FULL DETAILS ABOUT :

- **CHILD'S DIAGNOSIS**
- **REASONS THIS ISLA BIKE WOULD BENFIT THE CHILD/FAMILY**
- **THE EXACT ISLA BIKE, MAKE, MODEL AND COLOUR YOU ARE ASKING FOR WITH QUOTE**
- **DETAILS OF WHETHER YOUR CHILD HAS TRIED THIS BIKE OR DONE A CYCLING COURSE**

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

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, Ashted? Y/N		Date of Birth:	

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	
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REASON FOR APPLICATION AND HOW THIS ITEM WOULD BENEFIT THE CHILD AND FAMILY	
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 OF SPEAKING TO THE THERAPIST?	

<p>CAN THE CHILD HOP/JUMP/BALANCE/HOLD THEIR CORE?</p> <p>HAS THE CHLD TRIED THIS BIKE BEFORE?</p> <p>HAVE THEY BEEN ON A CYCLING COURSE?</p>	
<p>PLEASE GIVE ANY FURTHER INFORMATION WHICH CAN SUPPORT YOUR APPLICATION</p>	

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: