

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 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

For posting: SCAMPPS in Surrey, Suite 262, Reaver House, 12 East Street, Epsom, Surrey, KT17 1HX

Notes: Due to limited funding, we are now funding items to a maximum of £2,000, subject to discretion of the Finance Committee. Applications must also be for a minimum value of £50, but we will consider multiple items within one application. However, we ask all applicants to submit only one application for funding in a 12 month period. This allows us to help as many families as possible with our limited budget. We do appreciate that in some exceptional circumstances, e.g. an additional diagnosis being made, that families will need to make additional applications and we will endeavour to consider these, particularly where the first application was for a small amount.

Child's Details

First Name (s):		Surname:	
Address :			
Postcode:		Borough:	
Have you ever attended Little Steps, Ashted? 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			

If you are a Professional and are completing this form on behalf of a parent, we require a parental statement as to why this item is requested and would be of benefit to the child/family.

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

If you are completing this form on behalf of a parent, we require a parental statement as to why this item is requested and would be of benefit to the child/family.

Please insert at the end or by email

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?

HAS THIS ITEM BEEN RECOMMENDED BY AN NHS THERAPIST/CONSULTANT?

WHAT WAS THE OUTCOME OF SPEAKING TO THE THERAPIST?	
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:

Date:

If Required: Parental Statement: