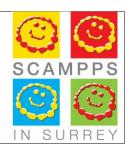
SCAMPPS IN SURREY

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 BENFIT THE CHILD/FAMILY
- THE EXACT ITEM YOU ARE ASKING FOR WITH QUOTE

WHERE POSSIBLE PLEASE EMAIL THE FORM FOR THE QUICKEST REPSONSE: 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, Ashtead? Y/N	Date of Birth:				

Applicant Details	s (unis is	the persor		me torm)	
1r/Mrs/Miss/Ms			Surr	name:	
irst Name(s):			Con	tact Number:	
ddress:					
	P	ostcode:	Boro	ough:	
elationship to Beneficia	ry:				
mail Address					
you are a Professional why this item is reques Parental Details	sted and wo	uld be of benefit	to the child/family		parental statement a
Mr/Mrs/Miss/Ms			Surname		
First Name(s):			Contact N	Number:	
Address :	Posto	orde.	Borough:		
Relationship to Beneficiary:	1 0010		Dorodgiii		
Email Address					
onsultant/Thera _l me:	pist Det	ails	Job Title:		
ntact Address:			JOD Title.		
ntact Number cludng Extension:			Postcode):	

Application Form for Fu	nding
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.							
k		ithin this form are true and correct to the best of my lure to disclose full details could invalidate my						
N	lame:							
F	Position:							
S	signed:							
C	Date:							
lí	f Required: Parental Statement:							