

**Make Them Smile**

A company limited by guarantee, company no: 07525980  
Registered as a Charity, registered charity no: 1150013

**Assessment Form Part 1**

Claim on behalf of an individual: please complete sections 1, 2, 3, 4, 7, 8, 9.

Organisation or hospital: please complete section 5a, 5b, 7, 9.

**Important:** The recipient or recipient's agent must also sign page 5.

When you have completed this form, please sign below and return with supporting documents to the Charity at its Registered Office.

I confirm that I have read pages 1 to 5 of the application form and supporting documents for a claim for assistance from Make Them Smile. I take responsibility for and confirm that all the facts and information enclosed herein to the best of my knowledge and ability are correct.

Signed \_\_\_\_\_

Name (please print) \_\_\_\_\_

Professional/organisational status \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_

**Make Them Smile**

Registered Charity No: 1150013

**Introduction**

The Objects of the Charity are the relief of children and young persons with mental and/or physical disabilities in particular by the provision of items of equipment to improve the conditions of life of such children and young persons or to assist them in their education. If funds permit to provide holiday facilities and respite care for disabled children. (In allocating its funds the trustees will provide grants or items for specific purposes rather than making grants for general charitable purposes to institutions

**Pre-emptive Apology**

For each case Make Them Smile is able to assist, there are at least another one hundred equally deserving cases. The Trustees are fully aware that each case represents very real and personal human difficulties. Unfortunately, we are a small charity with limited funds. Inevitably, this involves the Trustees in making hard choices. Whatever choice the Trustees make, somebody somewhere is bound to be disappointed. Please accept their assurance that this is no reflection on the merits of the case presented to them.

Lastly, please also accept that it would be invidious for the Trustees to enter into any discussion or correspondence regarding the reasons why they made a particular decision in any particular case. That is, the Trustees cannot and will not discuss the reasons for their decisions. Those decisions remain personal to them.

**Small Print**

Regrettably, like any other document these days, there has to be a certain amount of small print. Our small print, which we trust does not apply to your case, is as follows:

The Trustees reserve the right to and will without exception report to the Police where any claim has been made to the Charity for assistance and that claim is found to contain elements of dishonesty.

The most useful form of assistance is that which will place the claimant in a situation where he or she does not have to rely on charity. This will always be an important consideration for the Trustees when assessing any claim.

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**ASSESSMENT FORM part 1**

Please complete this application for submission to the Trustees. We enclose a second form which you can use as a draft. Please ensure that the form is completed in black ink or type so that it can be photocopied.

1. Full name of the person for whom assistance is claimed \_\_\_\_\_

2. Date of birth \_\_\_\_\_

3. National Insurance No. \_\_\_\_\_

4. Full Postal Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5.a) Alternatively, full name of medical unit requiring assistance

\_\_\_\_\_

5.b) Name and address of authorised representative

\_\_\_\_\_

\_\_\_\_\_

6. Full Name and Address of Parents/Guardians/Carers responsible for the upkeep and maintenance of the claimant, if applicable: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Regarding the subject of the claim, has application been made to:

a) the Department of Social Security for assistance? \_\_\_\_\_

b) the Department of Health for assistance? \_\_\_\_\_

c) Local Council Authorities for assistance? \_\_\_\_\_

d) Any other charity for assistance? \_\_\_\_\_

Please supply any correspondence received in this case. Please note that where our Trustees and expert assessors believe that help is available from government sources in this matter, we will advise you accordingly.

8. Full Name and Address of General Medical Practitioner:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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9. Full Name and Address of Consultant Doctor or Hospital dealing with the claimant:

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Note: The Charity reserves the right to submit details of your claim to your medical practitioners and to an independent medical practitioner for reference purposes. A letter of recommendation from your medical practitioner or consultant should be attached to the claim if possible.

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**ASSESSMENT FORM part 2**

Please read the objects of the Charity very carefully. Please then set out on these page details of the nature of your claim for assistance, together with a note of why you believe that this claim falls within the objects of the Charity. If your request entails the purchase of equipment, please attach a full description of the equipment concerned, together with evidence of estimated cost thereof. For example, a quotation or a copy of a price catalogue. Please try to be specific. Short notes rather than a long essay would be appreciated. If you need more than one page to describe the case, please attach the extra page hereto. Please, however, note that the description of your claim should be kept as brief as possible.

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**NATURE OF ASSISTANCE**

Any assistance given to claimants is given in the form of an interest free undated loan. This is whether the assistance is in the form of specific equipment given or cash grant. The reasons for this are as follows:

Where in course of time equipment is no longer required, we would expect that equipment to be returned to the Charity so that it may be passed on to other deserving cases.

If, unfortunately, it comes to the Trustees' notice that there has been an element of dishonesty on the part of the claimant or those assisting in the claim, the value of the loan will be converted into an interest bearing loan at 5% above Lloyd's Bank Base Rate and a claim will be made for full repayment.

**Supply of Equipment**

Where equipment is supplied, this is on the basis that the equipment is on loan to the persons or medical unit concerned. In the event of the medical unit or hospital ceasing its activities, the equipment is to be returned to the charity.

Seen, read and understood: signed .....

(Recipient or recipient's agent)

Name (block capitals) .....

Date .....

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**Maintenance and Use of Equipment**

Clearly the charity has no control or supervision over the care and use of equipment provided. Equipment is therefore provided on the understanding that it is the entire responsibility of the recipient and user to ensure or take note that:

- a) The equipment is suitable for the use intended,
  - b) Where the equipment has a medical or therapeutic use, then expert relevant professional advice has been taken on that use,
  - c) That the equipment is used exactly according to manufacturer's instructions,
  - d) That it is properly maintained and cared for in accordance with manufacturers' instructions,
  - e) That the only guarantee or warranty supplied with the equipment is that supplied by the manufacturer or supplier. The charity gives no guarantee or warranty.
  - f) That any medical advisor giving instruction on the use of the equipment is responsible for any consequences arising out of such instruction, and
  - g) That the equipment is properly insured against loss.
  - h) That in the event of any fault in the equipment supplied, any claim for making good or compensation is the responsibility of the manufacturer not the charity,
- Lastly, the charity's responsibility for the equipment ceases at the point and time when the equipment is passed over to the recipient, medical unit, or agent as appropriate.

These conditions also apply in those cases where not only the equipment is loaned but where a donation is made towards the maintenance of the equipment.

*Note: where the word "equipment" appears, this is deemed to also include services provided or funded, for example nurses, physiotherapists, psychiatric and research assistants.*

Seen, read and understood: signed .....

(Recipient or recipient's agent)

Name (block capitals) .....

Date .....