





Tel: 0330 1330 870 • Email: trustees@makethemsmile.org.uk • Web: makethemsmile.org.uk

**We can only assist children in the United Kingdom.**

Are you a British Citizen? Y  - N

Have you lived in the UK for the last 6 months? Y  - N

If you answered No, please give details. \_\_\_\_\_

**Part 2. Child/Young person's details:**

Child's full name(s)			
Date of birth:	/	/	M/F Age:
Please tell us the child's condition or diagnosis if known:			
Date of diagnosis if known:			
Does your child receive DLA/PIP			
What rate(s) do they get:			

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If the child/young person is not getting DLA/PIP, is this due to:

Have not applied

Waiting for a decision

Have been refused

What medication (if any) is the child/young adult prescribed.	
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What equipment (if any) does the child/young adult require.	
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What are the Behaviours at home, school and out and about?	
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Nursery, school, or college.  Is your child given additional support in Nursery, school or college If yes, how many hours per week:  Is escorted transport to school provided by the education authority or equivalent:	
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Please confirm if any of the following currently apply:

Statement (SEN)  -

Coordinated support plan (CSP)  -

Education, Health and Care Plan (EHC) made:  -

Individual Education Plan (IEP) made:  -

Note: We reserve the right to submit details of your application 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.

<p><b>Communication:</b> Please give details about any difficulties your child has with communication.</p>	
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<p>We will need the name and contact details of your family's social worker/key worker/Lead professional/Health Visitor, Teacher or similar who knows your child well (not your GP) and who we can contact for more information (if necessary).</p>	
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**Part 3. Your requirements:**

Item(s) Required:	
Cost (If known):	
Supplier (If known):	
How will this benefit/improve the daily life of the child/young person?	

**PLEASE PROVIDE ESTIMATES OR QUOTATIONS IF POSSIBLE**

Have you applied to any other charity or organisation for this specific equipment or item?

Y  - N

If yes, which one(s) \_\_\_\_\_

What was the outcome \_\_\_\_\_

Is your accommodation:

Local authority rented     Owner Occupied     Private rented     Housing Association

My accommodation is            Temporary             Permanent

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### Part 4. Your Household Income:

Income	Week/Fortnight/Month
Total household wages/sick pay/maternity allowance/JSA/Incapacity benefit	£
Working Tax Credit / Universal Credit	£
Child Tax Credit	£
Child Benefit	£
DLA/PIP	£
Pension Credit	£
Maintenance	£
Housing Benefit	£
Other	£
<b>TOTAL INCOME</b>	<b>£</b>
Savings	£
<b>Outgoings</b>	
Rent/Mortgage	£
Council Tax	£
Electricity	£
Gas	£
Water	£
Insurance	£
Pension	£
Groceries	£
Telephone	£
HP/Finance	£
CCJ'S	£
Travel	£
Other	£
Other	£
Other	£
Other	£
Other	£
Other	£
Other	£
<b>TOTAL OUTGOINGS</b>	<b>£</b>

We need to know about the money coming into your home.

If applicable, you must send us photocopies of one of the benefits or tax credits listed below.

This should be a copy of your most recent award letter dated within the last 12 months.

If you are confirming with bank statements, they must be less than 3 months old.

**PLEASE DO NOT SEND ORIGINALS AS WE CANNOT RETURN THEM.**

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Do you or your partner receive any of the following benefits:

Universal Credit	Working Tax Credits
Child Tax Credits	Income Support
Income based Jobseeker's Allowance	Incapacity Benefit
Employment Support Allowance	Pension Credit
Housing Benefit	

Please tick here  if you **do not** receive any of the above.

### Part 5, Permissions.

#### GDPR - KEEPING YOUR DATA SAFE

Protecting your personal data has and always will be our priority.

We are registered with the I.C.O (information commissioner's office)

#### Why do we store your personal data?

We use your data to assist us when making a decision, regarding your application.

We may also use your data for the purpose of:

Contacting you about important changes in our services,

By contacting you by mail, email or telephone about our news or events

#### How do we protect it?

We always safeguard your personal information; we do this by using appropriate security and technical controls. Any person who works with us handling your data must comply with our strict standards of European law.

All our personnel are trained to respect your data.

### **WE DO NOT SHARE YOUR DATA WITH ANY 3<sup>RD</sup> PARTIES.**

**By completing this application form, you are agreeing to us keeping your personal data for a period not exceeding 11years.**

Our main source of income is through donations from the public to fund projects for children and their families throughout the UK.

It would assist us if you could provide us with photographs of your child(ren) for us to use in gaining support.

We use images in a range of materials to promote the Charity as a whole and to illustrate key areas of our work e.g., particular appeals. This includes (but is not limited to) our website/Facebook advertisements and other publicity material such as leaflets, brochures etc.

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If you are sending a photograph, please sign the following consent:

Name of Person in image \_\_\_\_\_ Age: \_\_\_\_\_

I confirm that I give Make Them Smile permission to use my child(ren)'s image:

Parent/guardian signature \_\_\_\_\_

We organise fundraising collections at establishments across the UK. Please can you indicate at which supermarket you do your main family shop. Thank you. \_\_\_\_\_

### Part 6, Finally.

Please read through the following carefully and then sign and date:

By signing the application below and submitting your application to us you will be providing us with your explicit consent to us using the information contained within the application and any subsequent related correspondence with you for the purposes of:

1. Processing and considering your application including to understand whether your child meets our Child and Young Persons Eligibility Criteria, whether you and your family circumstances meet our relevant criteria and, if so, how we can help you and best provide support to you and discussing your application with you where necessary.
2. If your application is successful, informing you of any subsequent grants, advice, or other support services that we may be able to provide within 12 months of your award date.

Name of main carer/applicant \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### CHECKLIST

- Have you Completed all Sections of this application? \*      Y  - N
- Have you Attached/Enclosed Supporting Documents? \*      Y  - N
- Have you Attached/Enclosed Bank Statements? (All Accounts) \*      Y  - N
- Have you Attached/Enclosed Photographs (if applicable)?      Y  - N
- Have you Attached/Enclosed Quotations (if applicable)?      Y  - N

(\* Must be included, your application may be rejected without these)