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## **Preliminary Application**

Please complete this preliminary application in full. Uncompleted forms will not be considered.

Your full name: (Person completing this application)			
Child's full name(s):			
Child's Date of birth:			
Address:			
Town:	County:	Postcode:	
Email: (Please write legibly)			
Telephone number:			
	condition or diagnosis if known:	:	
Item(s) Required:			
Cost (If known):			
Supplier (If known):			
How will this benefit/ im	aprove the daily life of the child/	young person?	
Have you applied to us b	efore?		
Are vou a British Citizer	?		

Have you lived in the UK for the last 6 months?
Have you applied to any other charity or organisation for this specific equipment or item?
If yes, which one(s)
What was the outcome

Once we receive this preliminary application, we will check that you fit our criteria, if we consider that we may be able to help, we will contact you and ask you to complete our in-depth application form.

We will evaluate your household's financial resources to determine if you qualify for our assistance.

All our applications are means tested, we will require you to supply covering letters (NHS or similar), a statement of earnings, Bank statements and proof of earnings/benefits.

Sadly, we receive a great many applications, we apologise, but unfortunately it is not possible to help everyone.