



Registered with
**FUNDRAISING
REGULATOR**

**CHILDREN'S
HOPE
FOUNDATION**
Help for children
with special needs

**15 Palmer Place
London N7 8DH
Tel: 020 7700 6855
Fax: 020 7700 4432**

info@childrenshopefoundation.org.uk
www.childrenshopefoundation.org.uk

Registered Charity Number 1060409

Welcome to Children's Hope Foundation and I do hope that we may be able to assist you.

Children's Hope Foundation was formed in 1997 and is registered with the Charity Commission, under registered Charity Number 1060409.

The charity aims to ensure that children regardless of their illness, disability or indeed poverty, all have the opportunity to fulfill their dreams and achieve their full potential, by the provision of grants and financial assistance towards equipment, services or facilities to accommodate the child's needs as a way of improving their health and wellbeing.

To achieve this, the charity aims to:

- Raise funds towards grants for families with children disadvantaged by life threatening illness, disability or poverty, needing to meet the child's care and health requirements, where the costs are in excess of the family's available means and/or are not or cannot be met elsewhere.
- Enable families to promote fundraising activities for their own project by providing a website platform, from which the family will receive 100% of the original donations.

As you might imagine, our greatest challenge is raising the funds necessary to fulfill as many requests as possible. As the charity does not receive any statutory funding, we rely on voluntary donations from members of the public, grant making trusts and companies. Your help in allowing us to use your child's brief details and photo or video is vital in helping us to raise the funds needed to fulfill your request as well as meeting the needs of other families. Your permission to use any or all of those details may be withdrawn by emailing opt-out@childrenshopefoundation.org.uk. Whilst not allowing the use of these details will not affect the trustees' decision, it may delay the charity in raising the funds needed to fulfill your request.

In order to demonstrate the impact of our work we do ask that you complete a feedback form after your request has been fulfilled, as this allows us to tell our supporters more about our work. We would also ask you for a short phone video explaining your experience with Children's Hope Foundation and what difference our help has made to your child and your family. Videos can be sent free of charge through <https://wetransfer.com>

May we also ask you to like and follow our Facebook page at <https://www.facebook.com/CHF4KIDS/> as it is our hope for this to provide a forum for families to talk together, discover and join with other families in similar circumstances applying to Children's Hope Foundation to share experiences and ultimately provide a strong support network.

Thank you, and should you need any information or assistance at any time, please do call us

Children's Hope Foundation—hope where help is needed most

Patrons:

His Grace The Duke of Northumberland D.L., F.R.I.C.S. * The Princess Helena Moutafian M.B.E., D.St.J. * Valerie Singleton
Denise Robertson * Denise Welch * Timothy Healy * Lyndyann Barass * Bobby Davro * Gail Porter * Mart Poom * Ursula Apreda
Onebestway Design * Ray Panthaki * Brooke Kinsella * Ron Harris

[email:applications@childrenshopefoundation.org.uk](mailto:applications@childrenshopefoundation.org.uk)

www.childrenshopefoundation.org.uk

Registered Charity Number 1060409



GUIDANCE NOTES FOR COMPLETING THE APPLICATION

Please read this information carefully before completing the form.

We welcome applications from or on behalf of children and young people up to their 25th birthday, who need specialist medical or mobility equipment, educational equipment, holidays, respite breaks or days out to help improve their health and wellbeing and/or quality of life opportunities and to help fulfill their full potential.

We are conscious that people may find some of the questions intrusive, however because we are stewards of public funds, we have a legal duty of care to those who provide the funds. We therefore have to ensure that we grant the funds we raise to those who genuinely need them.

HOW DO I APPLY

Step 1: Please save the Application Form, which is an Editable PDF Form, to your computer and then complete it. *The boxes expand as you type into them, to contain as much information as you would like to **input**.*

Step 2: If you are a parent or carer, please try where possible to complete this application form together with the child or young person for whom the application is being made.

Step 3: If you wish to access equipment which is not specifically designed for children with a disability or illness, we will require a letter of recommendation from a healthcare professional involved in your child's care, this can be a physiotherapist, nurse or doctor.

Step 4: All parts of the application must be completed (however, if you are not applying for a holiday, it is not necessary to complete this section).

Step 5: Please ensure that you complete the financial information for all applications.

Step 6: Unfortunately we will not be able to process your application unless you have completed the form in its entirety, please therefore do not leave any blank spaces.

Step 7: Please ensure that all supporting documents as detailed on page 7 are included with your application and in particular a supporting letter from the family's Social Worker, Key Worker/Lead professional, Health Visitor, Teacher or similar who knows your child well.

Step 8: Please sign the Declaration on page 8, sign by hand (*if sending by post*), otherwise print your name and tick the red box and return by email.

Please return all items by email to: applications@childrenshopefoundation.org.uk

WHAT HAPPENS NEXT

- * The trustees hope to appoint an advisory committee composed of medical, teaching and social care professionals to advise them on the applications received.
- * The trustees then meet regularly throughout the year and all applications recommended by the advisory committee will be considered at their meetings..
- * The trustees consider applications on the basis of medical priority and urgency and grants are awarded based on the funds available to the trustees at that time
- * If successful, the trustees will require an invoice from the supplier and will settle the invoice directly with the supplier and the items delivered direct to the family.
- * Because of the number of applications received it is not possible to be able to help in every case, therefore if you have not heard within 13 weeks, unfortunately your application was not successful
- * The trustees decision is final and they will not be required to explain why an application has not been successful. No correspondence will be entered into.

APPLICATION FORM

Step 1: Please Save this Application Form, which is an Editable PDF Form, to your computer and then complete it. *The boxes expand as you type into them, to contain as much information as you would like to input.*

Step 2: Please sign the Declaration on page 9, sign by hand (*if sending by post*), otherwise print your name and tick the red box and return by email.

Step 3: Please check the Supporting Documents detailed on Page 8 of this form are included with your completed Application Form.

Please return all items by email to: applications@childrenshopefoundation.org.uk

We would like to apply to set up a Fundraising page	Yes	No
We would like to apply for equipment	Yes	No
We would like to apply for a Holiday	Yes	No

Child's Details	
Child's Name	
Date of Birth	
Age	
Child's Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Medical condition or brief description of child's needs	
Does the child/young person live with you ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family details	
Parent 1 Name	
Parent 2 Name	
Address 1	
Address 2	
Town/City	
County	
Postcode	
Home Tel. No.	
Mobile Tel. No.	
Email	

We will need the name of your family's Social Worker, Key Worker/Lead professional, Health Visitor, Teacher or similar who knows your child well (not your GP) and supports your application and who we can contact for more information

Details of person supporting your application	
Name	
Organisation	
Address 1	
Address 2	
Town/City	
County	
Postcode	
Telephone Number	
Email	

Details of your request											
Details of equipment or facilities required											
If you are applying for a holiday, please indicate your holiday preferences	<p style="text-align: center;">Please list your preferred choice of dates for a holiday/day trip <i>(7 day breaks are from Saturday to Saturday ; Weekend breaks from Friday to Monday ; Mid-week breaks from Monday to Friday)</i></p> <p>First preference: _____ to _____</p> <p>Second preference: _____ to _____</p> <p>Third preference: _____ to _____</p> <p>Details of immediate family who would like to be considered for the holiday</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Full Name</th> <th style="text-align: left;">Age</th> <th style="text-align: left;">D.O.B</th> <th style="text-align: left;">Relationship</th> <th style="text-align: left;">Self Funded</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Full Name	Age	D.O.B	Relationship	Self Funded					
Full Name	Age	D.O.B	Relationship	Self Funded							
Funding Details	<p>What is the total cost of your request?</p> <p>Have you applied to any other charity or organisation?</p> <p>Funds raised to date?</p> <p>Amount looking to raise?</p> <p>Please list the names of other charities or organisations to whom you have applied and, on page 7 please enter the details of the charity or charities which have offered help and the amount that has been pledged</p>										

Outcomes and 9l dYVUhcgbg	
<p>If your application is successful, how do you expect the above will benefit your child/young person and your family</p>	
<p>Additional Information</p>	

Financial Status (details of household income and expenditure)			
Amount Needed			
Parent/Guardian Name			
Occupation			
Partner Name			
Occupation			
Please fill in all relevant sections of monthly income and expenditure			
Details of Income per month		Family Expenditure per month	
Salary/Wages:		Rent/Mortgage:	
Savings:		Council Tax:	
Carer's Allowance:		Electricity/Gas:	
DLA:		Telephone:	
Child Benefit:		Car:	
Income Support:		Food/Clothing:	
Universal Credit:		Loans:	
Housing Benefit:		Miscellaneous:	
Working Tax Credit:			
Job Seeker's Allowance:			
Child Tax Credit:			
Total:		Total:	
<p>We are conscious that some people may find these questions intrusive, however, because we are stewards of public funds donated to us by members of the public, charitable trusts, grant making charities and companies, we have a legal duty of care to those who provide the funds. We therefore have to ensure that we grant the funds we raise to those who genuinely need them..</p> <p>Please use the space below to add any further financial information or any special circumstances you may wish to trustees to consider!</p>			
We may ask for further information in support of this statement			

Help us promote our service and raise needed funds

In order to raise the necessary funds, we make applications to other organisations including, companies, charitable trusts and foundations, grant making charities and large funders. This can be very successful enabling us to assist many more children, young people and their families.

In order for our applications to be successful we must demonstrate the need for our services and the impact achieved and this is where you can help us to secure the funds to fulfill your request more quickly whilst also helping us fulfill requests from other families.

Please therefore confirm that we may use the following when approaching funders and in our future literature and/or the charity's website or social media;

Your child's First Name only:

Your child's photograph or video:

Your child's illness, disability or situation:

Your child's town of residence:

Future Contact

May we contact you in the future with updates on our work, our fundraising activities and further support that may be available:

If yes, please indicate your preferred method of contact:

Post: Phone: Text: Email:

Please see our website for our privacy policy:

Would you be interested in volunteering for the charity?

If yes, please indicate how you might be able to help:

We are trying to connect families in similar situations through our facebook page at <https://facebook.com/chf4kids>. This will enable you to communicate with families who have children with the same or similar conditions. It will also help us become more effective in how we can help:

Please like and follow our Facebook page:

Would you like to be in touch with other families in similar situations?

If we are unable to fund your request, we will attempt to raise the funds from charitable trusts, grant making charities and companies. In order to do this please confirm that we may share details of your child/young person and their situation as indicated above.

(Your answers on this page will not influence the trustees decision on your application)

Additional Funding Sources	
Please give details of other charities or organisations you have applied to for funding. Include written confirmation of these funds if available. Please continue on a separate sheet if necessary.	
Funding Source 1:	
Amount Pledged:	
Funding Source 2:	
Amount Pledged:	
Funding Source 3:	
Amount Pledged:	
Funding Source 4:	
Amount Pledged:	

General Information	
How did you hear about Children's Hope Foundation?	
Please say if you would like to sign up to Children's Hope Foundation mailing list and receive the latest news and updates	

Supporting Documents Included
Letter from your child's doctor confirming the diagnosis
Letter on official letterhead, from the professional supporting your application
Supporting evidence of other funding sources <i>(if applicable)</i>
Any quotes or estimates that have been received
Letter from child's school explaining the need for the computer or iPad
Proof of name and address <i>(e.g. recent bank statement and utility bill)</i>

<p>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:</p> <p>(1) Processing and considering your application, including to understand whether;</p> <ul style="list-style-type: none"> (i) your child meets our Child and Young Persons Eligibility Criteria; (ii) you and your family circumstances meet our relevant criteria; (iii) how we can help you and best provide support to you; (iv) discussing your application with you where necessary; <p>(2) If your application is successful, informing you of any subsequent grants, advice or other support services that we are able to provide within 12 months of your award date.</p>
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Terms and Conditions

By applying to Children's Hope Foundation, it is on the understanding that you have agreed to the following Terms and Conditions:

1. Whilst Children's Hope Foundation will endeavour at all times to help as many families as possible, the availability of a grant is subject to sufficient funds being available and we cannot guarantee that a grant can or will be awarded.
2. Children's Hope Foundation reserves the right to withdraw the pledge of a grant prior to payment at any time; to withhold a grant or require repayment if any form of deliberately false or misleading information has been provided to obtain the grant.
3. Children's Hope Foundation may hold the information contained in or with this Application Form, and may share this information with other organisations solely for the purposes of seeking funding towards the application and/or to check the information provided by the applicant.
4. Children's Hope Foundation may use photographs/videos and details of your child/ young person, the equipment/service provided for ongoing fundraising and publicity purposes. The use of these is crucial in helping Children's Hope Foundation to support your family, to continue our fundraising efforts and to enable us to fund similar help for other children/young people and their families.
5. If a fundraising page has been set up for the family, Children's Hope Foundation will pay 100% of the original donation amount excluding Gift Aid, where Gift Aid is applicable, raised through their Children's Hope Foundation fundraising page and/or associated JustGiving donation page. Where Gift Aid is not applicable, the charity will deduct the fees charged by JustGiving from that donation.
6. Children's Hope Foundation will claim the Gift Aid where applicable and use this towards any card processing fees charged by card processors and also towards the funding of future grants and operational costs including JustGiving fees.
7. Children's Hope Foundation reserves the right to terminate the use of its fundraising service and any associated JustGiving services at any time at its complete discretion.
9. Children's Hope Foundation reserves the right to suspend or terminate payment of funds raised through a fundraising page and/or associated JustGiving donation page if fraud or any wrong doing is suspected.
10. Children's Hope Foundation reserves the right to withhold or terminate payments of funds in the event of JustGiving withholding or terminating payments.

By signing below, we acknowledge and accept these Terms and Conditions set out by Children's Hope Foundation. We confirm the information supplied within the Application Form is accurate and correct; and we agree not to bring Children's Hope Foundation into disrepute.

Name	
Relationship to child	
Signed	
Date	

If filling out the application on the computer and emailing, please print your name in the "Signed" box and place a tick in the red box

Please note that by ticking the box you are signing the document electronically. It is equivalent to your handwritten signature