

APPLICATION FORM

THIS FORM MUST BE COMPLETED AND SIGNED BY THE SPONSOR

Child's name

Date of birth

Parent/Guardian's name

Address



Post code

Tel no

What is the purpose of this grant?

Amount requested for this application

Please provide a breakdown of costs where possible

If the grant is towards a holiday, please tell us:

Holiday destination & Date of departure

Have you applied to any other charity or organisation for full or part funding for the above purpose? Yes No

If yes please give details

Nature of physical disability

Please describe the physical aspect of the child's disability in as much detail as possible.

Any further information that may support this application should be submitted in a separate letter.

Please tell us if **DLA/PIP** is received for the named child:

Yes No

If YES, is rate for **Care** High Middle Low

If YES, is rate for **Mobility** High Low

Signature of Parent/Guardian _____ Date _____

FOR COMPLETION BY THE SPONSOR

I am satisfied that the particulars contained within this form are correct and agree to be responsible for any grant made.

Cheque payable to

The cheque cannot be made payable to the client/parent

Name of sponsor MR/MRS/MS/MISS

Designation of Sponsor
(Position of the signatory within organisation)

Full Address

Telephone Number

e-mail

Signature of sponsor _____ Date _____

Challenger Children's Fund Data Protection Statement

Challenger Children's Fund (CCF) collects information provided by parents and sponsors on the application form and any supplementary statements provided. This information is used by the trustees to ascertain whether applicants qualify for financial assistance within the remit of the Trust.

With regard to personal information, CCF will only ask for information that is necessary and not excessive or irrelevant. This information will be held securely and no one other than the CCF Trustees will have access to it. Information will not be shared with third parties. Personal information will be held for only as long as necessary or until a child reaches the age of 18 and is no longer eligible for assistance.

Any person can ask to have access to the information that is held about them or about anyone for whom they are legally responsible. Requests should be made in writing to the CCF correspondence address and these will be dealt with to comply with the requirements of the Data Protection Act.

Completed applications to be sent to:

Challenger Children's Fund
Suite 353
44/46 Morningside Road
Edinburgh
EH10 4BF

Tel: 07531 580414

www.ccfscotland.org

e-mail: info@ccfscotland.org

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