

**Equipment Application Form**

This form is for applications from both individuals and organisations. Please ensure you have read our Guidelines for Applications supporting document before applying.

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| **1** | **Name and contact details of the person completing this form** **(young person/parent/carer/professional):** |
|  | Name:Address:Telephone: Email:**Please note all correspondence will be made by email.****The email used here will be the primary contact.** |
| **2** | **Who will benefit from the equipment?** |
|  | Name:Date of birth:Please explain the needs and or medical diagnoses of the person who will benefit from the equipment:  |
| **3** | **Parents’/carers’ details if different from above:** |
|  | Name:Address:Telephone: Email:**Please note all correspondence will be made by email** |
| **4** | **The equipment requested:** |
|  | Please include details like make, model and description and price. Please read the document titled Equipment Funding Contribution Guidance as this explains our maximum funding contribution amounts. |
| **5** | **The benefits of the equipment:** |
|  | Please explain in detail:- why the equipment is needed.- the positive impact it will have.  |
| **6** | **Assessment of Equipment** |
| **a)****b)****c)** | There is more information about what you need to write here in the‘Guidance Notes for Applicants’ document.**Who identified the need for this piece of equipment?****Has an assessment of suitability been done? Who was involved in the assessment?****Who will provide instruction and training on how to use the equipment safely?** |
| **7** | **Please explain why this piece of equipment cannot be funded by the NHS and/or Local Authority services:** There is more information about what you need to write here in the‘Guidance Notes for Applicants’ document. |
| **8** | **Equipment Details – Quotes** |
|  | There is more information about what you need to write here in the‘Guidance Notes for Applicants’ document.**Quote 1:**

|  |  |
| --- | --- |
| Equipment and supplier |  |
| Total cost excluding VAT |  |
| Amount raised/secured by other means |  |
| Total amount required from The Chronicle Sunshine Fund |  |

Please provide the payment details of this supplier:

|  |  |
| --- | --- |
| Supplier Contact Details |  |
| Email |  |
| BACS Bank Details(Sort Code and Account Number) |  |

**Quote 2:**

|  |  |
| --- | --- |
| Equipment and supplier |  |
| Total cost excluding VAT |  |
| Amount raised/secured by other means |  |
| Total amount required from The Chronicle Sunshine Fund |  |

Please provide the payment details for this supplier:

|  |  |
| --- | --- |
| Supplier Contact Details |  |
| Email |  |
| BACS Bank Details(Sort Code and Account Number) |  |

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| **9** | **Please tell us about any other charities or organisations you have applied to about funding this piece of equipment** |
|  |  |
| **10** | **Section 10 has been removed.** |
| **11** | **Media and PR Involvement** |
|  | If your application is successful, would you agree to PR? This might include a photo and story in on our social media, website and The Chronicle newspaper. This would help by raising awareness of the charity so we can help more children in the North East with disabilities. **Please note that this will not affect any decision about your application.****YES NO** |
| **12** | **Fundraising** |
|  | The Chronicle Sunshine Fund is a small charity, we do not receive any statutory funding and rely completely on fundraising to be able to fund equipment.Would you consider sharing your story with us to support our future fundraising campaigns? One of the most important ways families can help our charity is by sharing their story – this can be anonymously if you prefer. **Please note that this will not affect any decision about your application.** |
| I would be happy to share our story and experiences to support fundraising – (either anonymously or not) – Please choose:**YES NO** |
| I would like to find out more about fundraising events – Please choose:**YES NO** |
| **13** | **Where did you hear about the The Chronicle Sunshine Fund?** |
|  |  |
| **14** | **Additional Information** |
|  | Please use this section to tell us about anything else that you think is relevant to your application. |
| **15** | **Signature** |
|  | By signing this you confirm the information provided is correct and that you agree to The Chronicle Sunshine Fund’s Terms and Conditions*.***Print name:****Signature:****Date:** |
| **16** | **Submitting Your Application Form** |
|  | We have limited access to our office and post. We recommend that where possible applications are submitted electronically. This can be an edited word document, scanned copies of the application form, or high quality photographs taken on your mobile phone. Please make sure that the photos are taken in bright light, are not blurry and capture the whole page.Our assessment meetings are currently being held via secure video conferencing facilities.**Electronic submission:****Bev.wright@thesunshinefund.org****Hard copy submission:**FAO Family CoordinatorThe Chronicle Sunshine Fund2nd Floor Intu Eldon SquareEldon CourtPercy StreetNewcastle upon TyneNE1 7JB**Checklist:*** Completed application form
* Completed data consent form
* Two formal quotes from suppliers/manufacturers
* Two supporting letters from professionals on letterhead paper

An email will be sent to your email address to confirm your submission. This email will be sent within a week of receiving the application. If you do not receive this email, please contact us directly. We cannot process any applications that are missing letters of support or quotes (where required). If you have any questions about your application, please contact Bev on the email above or on our Families Helpline: **07593298541.****For ‘agreed in principle’ applications: Please be aware that there is a three month time limit on providing all required information. If additional evidence is required by the panel this must be submitted within three months or the funding allocated to your piece of equipment will unfortunately be withdrawn. You will need to apply again with a new application form. You will be informed of this when you are given the decision on your application.****The Chronicle Sunshine Fund is not responsible for the maintenance and/or ownership of any equipment. The equipment is solely the responsibility of the organisation or the individual who receives the equipment.** |

**Statement of Consent**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 hereby give my permission for The Chronicle Sunshine Fund to share relevant and appropriate personal information with other service providers in connection with my application, including accessing and sharing my application for assessment purposes and for specific funding applications to trusts. I agree to The Chronicle Sunshine Fund Staff having access to my application to enable them to apply to specific trusts and funds in order to potentially secure funding for the equipment requested. I understand that The Chronicle Sunshine Fund may hold information submitted by me in order to proceed with my application for funding.

* I understand that personal information is held about me/my child.
* I have had the opportunity to discuss the implications of sharing or not sharing information about me.
* I agree that personal information about me may be shared and gathered from the following:
	+ NHS therapists who make up our assessment panel committee.
	+ The Chronicle Sunshine Fund Staff and Trustees.
	+ Supplier of equipment nominated on application form.

**Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process, or wish to withdraw your consent please contact:**

**rachel.kaczmar@thesunshinefund.org****bev.wright@thesunshinefund.org**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Signature:** |  | **Date:** |  |