

Caudwell Children

Application Pack

What We Can Fund

Specialised Equipment:

- Manual Wheelchairs
- Powerchairs
- Sit to stand Powerchairs
- Specialised Buggies
- Walking Frames
- Standing Frames
- Therapy Tricycles
- Sensory Equipment
- Physiotherapy Equipment
- Equipment for the Blind
- Specialised Computer Accessories
- Specialised Software
- Specialised Beds
- Specialised Cots
- Night Positioning Systems
- Safespaces
- Neater Eaters
- Specialised Baths
- Clos-o-Mat Toilets
- Specialised Sinks
- Specialised Bathing Accessories
- Monitors
- Suction Units
- Nebulisers

This list is not exhaustive, however if it is a piece of equipment that has not been funded before we may need additional information.

Therapy

- Conductive Education
- Private Physiotherapy
- Rehabilitative Therapy
- Auditory Integration Therapy
- ABA Therapy
- Son-Rise Courses (UK courses only)
- Therapy at the Sound Learning Centre
- Therapy at Advance
- Therapy at Brainwave
- EEG Neurofeedback Therapy

Treatment

- Treatment/Surgery not available in the UK
- Treatment/Surgery where there is expertise abroad
- Biomedical Treatment for children with Autism

Applications for treatment and therapy not listed will need to be researched before a decision can be made. This can lengthen the application process.

Holidays

- Caudwell Children funds & organises the Destination Dreams Programme. Destination Dreams is a group holiday for children fighting a life-threatening condition.
- Siblings (under 18), parents and if necessary a professional carer are invited to accompany the child.
- The holiday is accompanied by a team of medics, doctors, Caudwell Children staff and & volunteers, enabling a stress-free supported environment for each family.
- On successful application, detailed information will be given on the next available programme.

Caudwell Children

Application Form

Changing Special Children's Lives

Please read the attached guidelines carefully before completing this form

1. Applicant Details (this is the person filling out the form)

Mr / Mrs / Miss / Ms *(please delete)* Surname

First Name(s) Contact Number:

Address

.....

Relationship to Beneficiary* Name of Beneficiary*

Date of birth of Beneficiary*/...../..... * The child for whom you are applying

2. Details for Beneficiary's Parents/Guardians

Name of Parents/Guardians

Address

.....

Post Code Time at Present Address Years Months

If under 5 years please give previous address

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Work Phone Number Evening Phone Number

Mobile Number Email address:

UK Passport Number OR National Insurance No:

Marital Status (please tick the relevant box)

Married/Cohabiting Single Parent Widowed Divorced/Separated

Residential Status (please tick the relevant box)

Owner * Tenant Living with parents Other

*If owner what type of house

Detached Semi-detached Flat/Apartment Terrace/Town House

No of dependant Children Details of additional children (beneficiary details not required)

Name	.....	Date of Birth/...../.....
Name	.....	Date of Birth/...../.....
Name	.....	Date of Birth/...../.....
Name	.....	Date of Birth/...../.....

3. Application

3.1 Name of child's illness/condition

3.2 Donation/item(s) requested

3.3 Cost of donation/item(s) requested Please estimate if you do not know an exact amount £.....

3.4 Present quality of child's life

3.5 Difference this donation would make

3.6 Background/Additional Information

3.7 Parent/Guardian Financial Status

Please delete

Total GROSS earning of parents/guardians (if applic.)	£	Per annum/per month/per week
Additional Income		
Benefits	£	Per annum/per month/per week
Pension	£	Per annum/per month/per week
Maintenance	£	Per annum/per month/per week
Other	£	Per annum/per month/per week

3.8 Parent / Guardian Employer Information

Father/Guardian 1 Job Title	.....	Mother/Guardian 2 Job Title	.....
Name of Employer	.....	Name of Employer	.....
Address	.....	Address	.....
.....
Duration of Employment	.....	Duration of Employment	.....
You can contact my employer	Yes/No (please delete)	You can contact my employer	Yes/No (please delete)

3.9 Your Fundraising (if applicable)

Please complete this section if you are asking for a donation towards an ongoing appeal

How much money is required in total in regards to the appeal £.....

Please show a break down of these costs below:

Item/Description

Cost 1	.....	£.....
Cost 2	.....	£.....
Cost 3	.....	£.....
Cost 4	.....	£.....
Cost 5	.....	£.....
Cost 6	.....	£.....

How much money in total have you raised to date in regards to the appeal £.....

How much money have you spent to date in regards to the appeal £.....

How much money is still required to reach your target £.....

4. Other Information Required

4.1 Details of other organisations applied to:

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