



APPLICATION PACK

The Boparan Charitable Trust, 9 Colmore Row, Birmingham B3 2BJ
 Tel: 0121 214 9364, www.theboparancharitabletrust.com

We fully welcome all applications, however, please be aware that applicants must live within the UK and be aged 18 or under.

Official written confirmation by an independent professional body will be required stating the applicant's condition or circumstance. This letter must be on company letterhead, with contact details.

***Within the independent assessment they must state how the child will directly benefit from the request.**

Please find below a list of things we **DO NOT** fund unless in exceptional circumstances:

- Donations to other charities
- Funeral Services
- Ongoing appeals
- Holidays/ short break programmes
- Help with legal costs
- Reimbursements of funds already paid out
- Repayment of loans
- Administration or salary costs
- Accommodation costs
- Travelling costs
- Lease or purchase of cars
- Faith healing
- Dolphin therapy
- Music therapy
- Alternative therapy
- Warrantees
- Room Hire
- Trampolines/ Trampettes
- Home Adaptations/ Renovations
- Family Memberships
- Carpets
- Garden Equipment/ Sheds
- Fencing
- Computer consoles eg: Wii/ Xbox/ Play Station/ Nintendo
- PC's, Lap tops or tablets (unless designed for sole children with special needs)
- Televisions/DVD players
- Portable DVD/TV players
- Hot tubs
- Private School fees
- Sofas/ settees
- Non medical body and face enhancements
- ABA Therapy

This list is subject to change at any point and is not limited. The Boparan Charitable Trust reserves the right to decline an application.

Please Note:

*We reserve the right to offer a like for like alternative product.

*Occasionally we may request a re-assessment from our preferred supplier.

*The Boparan Charitable Trust will not pay directly into a personal bank account.

*The Boparan Charitable Trust does not select equipment or treatments and only provides funding (where approved) therefore accepts no liability for any equipment supplied by third parties. The charity is not a provider or advisor in respect of equipment or any other matter.

The Trustees treat each application as sensitively as possible and reserve the right to request further information as and when needed.

The Boparan Charitable Trust is a company limited by guarantee and is registered in England & Wales under company No. 06852304 | Registered Charity No. 1129992

APPLICATION FORM

Please read the 'Application Guidelines' before filling out this form. Failure to fully complete this form and provide necessary documents may delay or invalidate your application.

THE CHILD

Name of Child: _____

Date of Birth: _____ Age: _____

Details of disability/illness/circumstances: _____

How long have they had this condition? _____

Name of the Professional supporting this application?* _____

Telephone No. of professional supporting this application:* _____
(E.g: OT/Social Worker)

THE FAMILY

Name of Parents/Guardians: _____

Postal Address: _____

Postcode: _____ UK Resident: ILR Indefinite: Leave To Remain:

Do the Parents/Guardians co-habit? Yes: No:

Mobile No. _____

Telephone No. _____

Email Address: _____

Name and age other dependents:

WISHES & DREAMS

PLEASE NOTE: The Boparan Charitable Trust will only grant requests to children aged 18 and under who are resident in the UK and disadvantaged through poverty, disability or terminal illness.

You're Request: _____

Cost of Items Requested *(Please remember to attach quote if necessary)*: _____

Supplier: _____

Please tell us more about you're the child – his/her personality & interest etc and **how the request will benefit the child**: _____

(Please continue on a separate sheet if necessary)

FINANCIALS

In order for us to process your application, we require a breakdown of the household's financial situation. **Please fill out all the details below.** Failure to do so will result in your application not being assessed.

HOUSEHOLD INCOME	MONTHLY TOTAL
1st Parent/Guardian (net) Wage	
2nd Parent/Guardian (net) Wage	
Disability Living Allowance Hi	
Disability Living Allowance Medium	
Disability Living Allowance Low	
Carers' Allowance	
Child Tax Credit	
Child Benefit	
Maintenance/Child Support	
Housing Benefit	
Income Support	
Council Tax Benefit	
Working Tax Credit	
Jobseeker's Allowance	
Employment and Support Allowance	
Statutory Sick Pay	
Maternity Allowance	
Statutory Maternity Pay	
Student Loan/ Grant	
Pension	
Savings (total to date)	
Family Allowance	
Other*	
TOTAL	

HOUSEHOLD EXPENDITURE	MONTHLY TOTAL
Rent	
Mortgage	
Maintenance/Child Support	
Childcare	
Secured Loans	
Gas	
Electricity	
Water	
Council Tax	
TV License	
Telephone	
Mobile Phone	
Satellite/ Cable (Sky, Virgin)	
Broadband/Internet	
Appliance Rentals/ HP/Conditional Sale	
Vehicle costs (e.g. tax, insurance, DLA Motability)	
Fuel	
Public Transport	
Sundries/ Food	
Clothing/Footwear	
Meals/Trips	
Leisure Activities/Memberships	
Student Course Costs/Tuition Fees	
Private School Fees	
Treatments/Therapies	
Other*	
TOTAL	

**Please specify any additional source of income/expenditure. Failure to do so may invalidate your application.*

If you are a foreign National, living or working in within the UK, please provide photocopies of your passport and visa documents.

CLAIMS

Have you successfully applied to The Boparan Charitable Trust before? Yes: No:

What was granted? _____

Have you applied to any other charity for your current request? If so, please state:

Charity Name	Stage of Application

Have you received items/grants from any other charities in the previous month or so? Please state:

Charity Name	Item Awarded

LEGAL CLAIMS

Have you received any compensation by way of legal claim in regards to your child's condition? Yes: No:

If yes, please specify the amount received: £ _____

When was this awarded? _____

Are you currently pursuing a legal claim regarding your child's conditions? Yes: No:

If yes, please provide further details: _____

Where did you hear about The Boparan Charitable Trust?

PUBLICITY

'Help us, to help you!'

At The Boparan Charitable Trust we produce a wide range of materials to tell people about our services and to raise money for our work. From time to time we take photographic images (moving and still) of subjects, and use case studies which can include these images and personal data (such as name and/or diagnosis where appropriate and consented to) to enhance and illustrate our media applications to make them more accessible, and inspiring for our audiences.

By completing this form, you give us full permission to use these images and any personal information you supply to us in our media applications, which reasonably promote or advertise The Boparan Charitable Trust aims. (This may include printed publications; adverts; audio-visual and electronic materials; media work; display materials; and any other media we may use in the future.) The images will not be used for any other purpose.

The copyright of any material which is generated as a result of this photographic session shall be assigned and shall be the property of The Boparan Charitable Trust.

YES, I/We are willing to help with publicity, so other families can benefit too.

NO, I/We are **NOT** willing to help with publicity.

CHECKLIST

- A photograph / video, if you ticked yes to publicity, to support us in helping more children.
- Fully completed application form
- Written confirmation of child's condition by a professional independent body. E.g. Medical consultant or social worker. ******(Minimum requirement for wheelchair must be confirmation from a doctor or higher level) stating benefit to the child.
- Independent quote.

AGREEMENT

Please be aware The Boparan Charitable Trust may contact you at any point to clarify the information provided.

DECLARATION:

Although this application can be completed by a supporting member of the child, this must be signed by the parent/legal guardian to validate information given.

All the details that I/we have provided within this application are correct and true to the best of my knowledge. I fully understand that failure to disclose the correct information will invalidate my application.

Signed: _____

Name (Printed: _____ Date: _____

THANKYOU FOR COMPLETEING THIS FORM.
PLEASE RETURN TO:

THE BOPARAN CHARITABLE TRUST
APPLICATIONS DEPARTMENT
9 COLMORE ROW
BIRMINGHAM
B3 2BJ

PLEASE ENSURE ACCURATE POSTAGE
IS PLACED ON ENVELOPE.

If you would like to speak to a member
of the team regarding your application,
please call 0121 214 9364