



BIRKDALE TRUST FOR HEARING IMPAIRED LTD

## **GRANT APPLICATION FORM GUIDANCE NOTES**

**Please read these notes carefully before completing the application form.**

### **1. Objectives of the Charity:**

- a) to advance the education of children and young people, with particular reference to those with hearing impairments.
- b) to support any other charitable object which promotes the welfare of hearing impaired children and young people, which may conveniently be pursued in conjunction with the pursuits of the above.

### **2. Types of requests and projects the Trust will consider:**

- a) assistance with the purchase of specialist hearing equipment or other aids which will benefit an individual or organisation.
- b) the provision of funding for special courses or individual tuition or speech therapy.
- c) support for professional assessments and advice or support for appeals against local authorities.
- d) the financial support of another charity for hearing impaired.

**Each application will be considered on its own merit.**

### **3. How to apply to the Birkdale Trust:**

- a) Complete the **appropriate** application form for an individual or an organisation. A letter supporting the application is requested.
- b) If an applicant is under 18 the application form **must** be completed in full by the parent or guardian, with a supporting letter or other official papers.
- c) Requests for grants towards equipment or services **must** be supported by a written estimate(s) from the supplier or provider.
- d) All grants for equipment and services will be paid by cheque direct to the supplier or organisation, whenever this is possible. Receipts of completed purchases should be sent to the Secretary of the Birkdale Trust.
- e) An application form from a group, including a charity or an educational establishment, **must** be signed by two people authorised to sign for that organisation's bank account.
- f) Please note that the submission of an application does not guarantee that a grant will be made or that an accepted application will receive the full funding requested.
- g) Trustees welcome additional information in support of the application.

### **4. When grants will be allocated.**

- a) The Trustees meet six times per year to consider applications and all submissions will be considered at the first available meeting.

### **5. Final Requests**

**It is the responsibility of applicants to ensure that:**

- a) **The application is completed in full, including the tick list on page 4 of the form.**
- b) **Supporting material is included wherever necessary.**
- c) **A stamped addressed envelope is included for the Trust's reply.**

**It would help in dealing with the application if:-**

- **You only use one side of each page.**
- **No staples are used.**

**Thank you.**

Please note that your application form, together with all accompanying documents, is held securely by us and under no circumstances will be passed to third parties and would then be confidentially destroyed after a period of three years



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## **Grant Application Form – from a Charity, Educational Establishment or Group.**

1. Name of Organisation: .....
2. Name of Applicant: .....
3. Contact Address: .....  
.....  
.....  
.....  
.....
4. Daytime tel: .....
5. Evening tel: .....
6. Mobile tel: .....
7. Fax: .....
8. E-mail Address: .....
9. Education Authority:  
(if applicable) .....
10. Charity Number:  
(if applicable) .....

**Please provide full details of the financial support you are requesting and how this will be used.**

11. \_\_\_\_\_  
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**Please enter the amount of grant you will need from this charity, the Birkdale Trust for Hearing Impaired Limited:**

12                   £ \_\_\_\_\_

**Is any contribution being given by:**

13. Your establishment:	Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]	Amount £ _____
Parents or Guardian:	Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]	Amount £ _____
Other body/bodies:	Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]	Amount £ _____

**Please provide details of any previous applications you have made to this Charity.  
FAILURE TO DO SO MAY INVALIDATE YOUR REQUEST.**

14.

Date	Grant Provided - £	Purpose of Grant

**Please provide any additional information that you feel supports your application, including any letters or paperwork. Decisions made by the Trustees will be based on information included in the application and the supporting material provided.**

15.

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**Does your Group produce annual accounts?**

16. Yes [ ]                  No [ ]

If yes, please provide a copy of your latest accounts.

## Declaration

**I /we confirm that the information in this application form is correct and that any grant awarded will be used for the sole purpose(s) stated, and in accordance with any conditions specified, and I/we understand that the Trust will not accept any liability in connection with any grant.**

17. Name 1: .....
- Position 1: .....
- Signature 1 .....
18. Name 2: .....
- Position 2: .....
- Signature 2: .....
19. Date of Application: .....

### **BEFORE SUBMITTING THIS APPLICATION PLEASE TICK THE FOLLOWING:**

- 1) YOU HAVE ENCLOSED WRITTEN QUOTATIONS THAT ARE RELEVANT TO YOUR APPLICATION [ ]
- 2) YOU HAVE COMPLETED ALL QUESTIONS [ ]
- 3) YOU HAVE ENCLOSED A PRE-STAMPED SELF-ADDRESSED ENVELOPE,  
ENSURING THAT THE APPROPRIATE POSTAGE IS AFFIXED. [ ]
- 4) IF YOU ARE ENCLOSING YOUR APPLICATION IN A LARGE ENVELOPE,  
YOU HAVE ENSURED THAT THE CORRECT POSTAGE IS AFFIXED. [ ]

**N.B. WITHOUT THE RELEVANT INFORMATION AND DOCUMENTS,  
YOUR APPLICATION WILL NOT BE ACTIONED.**

**ALL COMPLETED APPLICATIONS SHOULD BE SENT TO:  
The Administrator, BTHI Ltd, 21 Gleneagles Drive, Ainsdale, Southport, PR8 3PP**