



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 **must** 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 7 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 and if no staples are used.**

### **Thank you.**

Please note that;

- 1. No part of the Application Form is held on computer.
- 2. No part of the Application Form is passed to any third party.
- 3. All copies of the Application Form, distributed to the Trustees prior to the Trustees' meeting, are confidentially destroyed after the meeting.
- 4. The Master copy of the Application Forms are securely held for three years and are then confidentially destroyed.
- 5. It is implied that this form is submitted by you in order that the Trustees can consider whether we can agree to accept your claim.



BIRKDALE TRUST FOR HEARING IMPAIRED LTD

## Grant Application Form – from an Individual

**Please read the application form carefully and then complete the sections that apply to you, giving as much information as you can to assist the Trustees with their decision-making.**

### **Details of person to receive the benefit (The Applicant):**

It is implied that this form is submitted by you in order that the Trustees can consider whether we can agree to accept your claim and unless you tick this box, we are unable to accept your application

1. Full Name: .....
2. Address: .....  
.....  
.....  
.....  
.....  
.....
3. Date of birth: .....
4. Daytime tel: .....
5. Evening tel: .....
6. Mobile tel: .....
7. E-mail address: .....

**If the applicant is under 18 years of age, please provide:**

8. Name of parent .....  
**OR** Name of  
Guardian/Sponsor .....  
Please provide details  
of relationship to Applicant .....

9. Address: .....  
.....  
.....  
.....  
.....

10. Daytime tel: .....

11. Evening tel: .....

12. Mobile tel: .....

13. E-mail address: .....

14. Name of Nursery, School, College or University the child or young person is currently attending,  
or name of Employer: .....

15. Address: .....  
.....  
.....  
.....  
.....

16. Telephone: .....

**If the Applicant is under 18, then the parents/guardians/sponsor should complete the following questions:**

17. Are you in employment?

Mother: Yes [ ] No [ ] Full-time: Yes [ ] No [ ] Part-time: Yes [ ] No [ ]

Employer's name: .....

Job description: .....

Father: Yes [ ] No [ ] Full-time: Yes [ ] No [ ] Part-time: Yes [ ] No [ ]

Employer's name: .....

Job description: .....

18. If not in employment, are you currently in receipt of benefits?

Mother: Yes [ ] No [ ] Father: Yes [ ] No [ ]

**If the Applicant is 18 or over, then he/she should complete the following questions:**

19. Are you in employment?

Yes [ ] No [ ] Full-time: Yes [ ] No [ ] Part-time: Yes [ ] No [ ]

Employer's name: .....

Job description: .....

If not in employment, are you currently in receipt of benefits? Yes [ ] No [ ]

20. Are there any other comments you wish to make?

.....  
.....

**Please tick the box showing the level of your hearing loss:**

21. Left Ear:           Mild           Moderate           Severe           Profound           Cochlear Implant  
                          [ ]           [ ]           [ ]           [ ]           [ ]

22. Right Ear:         Mild           Moderate           Severe           Profound           Cochlear Implant  
                          [ ]           [ ]           [ ]           [ ]           [ ]

NB: **A copy of your most recent Audiogram is required.** The Trustees can only consider applications with valid and up-to-date evidence of the applicant's hearing impairment.

**Please read these notes carefully before completing the next section.**

**The Trust asks families and individuals to make a contribution towards the total costs requested, if at all possible.**

**This will enable our Charity to support more applications.**

If you require financial help to:

**A. Buy specialist equipment to improve your hearing or assist with your education:**

Please supply full details of the product and breakdown of the costs with written quotations or estimates from the suppliers.

**B. Contribute towards the cost of educational support:**

The Trust requires the following information:

- a) a written quotation from the tutor.
- b) the cost of hourly lessons.
- c) details of the person's qualifications to teach a deaf child.
- d) the number of lessons required/recommended.
- e) a letter from the child's school to confirm tutoring will be beneficial.

**C. Assist with payment of fees for professional assessments:**

Details of the assessments and fees are requested.

**D. Fund any other areas which would be of benefit:**

Please supply full details of support, suppliers and costs, including written quotations.

**E. The Trust asks families and individuals to make a contribution towards the total costs requested, if at all possible.**

**This will enable our Charity to support more applications.**

**Please state clearly what the grant is for and how the financial support will benefit you in the future:**

23. ....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**What is the total cost of the equipment or support you are requiring?**

24.           £ .....

**Please provide details of contributions you or your family are making towards the total cost:**

25. You:       £ .....

26. Your family: £ .....

**Please state the contribution you are requesting from this charity?**

27.           £ .....

**Please provide details of financial support requested or received from other groups or charities - including names of organisations and amounts requested. This includes any amounts still pending:**

28 Name of Organisation: .....

29. Amount Requested: £ .....

Amount Received: £ .....

Amount Pending: £ .....

**Please provide details of any previous applications you have made to our charity, the Birkdale Trust for Hearing Impaired Limited (This includes you and any members of your family). FAILURE TO DO SO MAY INVALIDATE YOUR REQUEST.**

30.

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 the information included in the application and the supporting material provided.**

31. ....  
 ....  
 ....  
 ....  
 ....  
 ....



## 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.

32. Signature: .....

33. Signature of Parent/Guardian/Sponsor (if under 18)  
.....

34. Date of application: .....

Third party signatures will not be accepted unless a supporting letter is provided giving details of that person.

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

- 1) CONFIRM THAT YOU ARE A RESIDENT OF THE UNITED KINGDOM [ ]
- 2) YOU HAVE ENCLOSED A COPY OF THE MOST RECENT AUDIOGRAM [ ]
- 3) YOU HAVE ENCLOSED QUOTATIONS FOR EQUIPMENT i.e. IPADS, LAPTOPS, RADIO AIDS, etc. [ ]
- 4) YOU HAVE ENCLOSED WRITTEN QUOTATIONS FOR SERVICES, FOR TUITION, THERAPY, BSL, etc. AND ALSO A SUPPORTING LETTER FROM THE SCHOOL SUPPORTING EXTRA TUITION [ ]
- 5) YOU HAVE COMPLETED ALL QUESTIONS [ ]
- 6) YOU HAVE READ THE NOTE ON PAGE 4 ABOUT MAKING A FINANCIAL CONTRIBUTION. [ ]
- 7) YOU HAVE ENCLOSED A PRE-STAMPED SELF-ADDRESSED ENVELOPE FOR OUR REPLY. [ ]  
(PLEASE NOTE THAT A 'DL' SIZE ENVELOPE APPROX 22CM X 11CM, SHOULD SUFFICE)
- 8) 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**