**Chances guidelines for applicants**

Chances Charity is a small independent charity working to help parents/carers requiring support with children and young people with disabilities under 13 years of age. Working with Achieving for Children, a new project has been set up to support working parents/carers

To be eligible for consideration for funding you must fulfil the following criteria;

* Child or young person aged 0-12 years of age (up to their 13th birthday)
* You haven’t received this funding in the last two years
* Must have a diagnosed disability and able to evidence this
* You or your partner must be working in the UK. You may be asked about your employment and income from your job
* Information requested on your partners/spouse must be provided as requested in the application if applicable
* You must have full residency rights – you may be asked for proof of this for the funding
* You must be able to give full addresses where you have lived for the past three years with dates
* You must give full details of your request for funding, the impact you hope the funding will have and the expected outcomes of this
* In applying for this funding you agree for Chances charity to use your case study for publicity/internal review (full names and addresses will not be given) and in all cases we will not fully identify the applicant
* You must honestly and accurately complete all parts of the application form (Chances Charity reserves the right to make any checks to ensure the application is not fraudulent)
* All applications must be verified by a professional referee e.g. teacher, health worker, social worker, family support worker, health professional. No family members or friends are allowed to give this reference

**Completed applications:**

Completed applications return to Jodi Williams and David Arrow.

Please return electronic copies to;

Jodi Williams – Email; Jodi.williams@achievingforchildren.org.uk

David Arrow – Email; David.arrow@achievingforchildren.org.uk

Please return postal copies addressed to;

David Arrow and Jodi Williams

The Moor Lane Centre

Moor Lane

Chessington

KT9 2AA

**Once your application is received**

Applications are reviewed every 2 months. We will contact you as soon as possible to advise you of the outcome of the application. We may request further information from yourselves and proof of your eligibility if required.

Funding applications will be considered bi monthly and the closing dates are

1st April, 1st June, 1st August 1st October, 1st December and 1st February. We aim to inform the partner organisation on the outcome of the applications within 15 working days.

We may give feedback to you on your application but this is not in all cases.

**If you are successful in your application:**

Chances charity will endeavour to contact you as soon as possible to arrange for the goods or services to be supplied to you. They do not give money directly to the applicant.

**If you are unsuccessful in your application:**

Jodi Williams or David Arrow will contact yourselves to discuss the application and explain why the application was unsuccessful. You are welcome to reapply for the next funding cycle.

**The average cost of award will be as follows:**

Day trips £50 per person maximum. Funding restricted to parents/carers and immediate children – no extended family members are included

Education/learning £150 max per application

Short break activities for families in need. Up to £1000 max dependant on number of beneficiaries

Other services/goods. Max of £300.

Only 1 application per family every 2 years allowed where successful funding has been given.

**Examples of funding:**

All funding requests need to highlight the expected positive outcomes for the eligible child/young person

|  |  |
| --- | --- |
| **Day trips** | **Theme parks, farm, national parks etc** |
| **Education/learning** | **Ipad, resources, tuition etc**  |
| **Short Break Activities** | **Holidays, day camps, weekend away/ activities etc** |
| **Other services/goods** | **Cleaning, Household appliances, furniture etc** |

Chances funding application for working families

with children under 13 years of age.

**Parental information – to be completed by applicant**

Parent/carer no.1 Parent/carer No. 2 if applicable

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Relationship to child/ children |  | Relationship to child/ children |  |
| Telephone number |  | Telephone number |  |
| Email address |  | Email address |  |
| Address |  | Address (if different) |  |
| Dates of occupancy at above address  | From \_ \_/\_ \_/\_ \_ \_ \_ | Dates of occupancy at above address  | From \_ \_/\_ \_/\_ \_ \_ \_ |
| If less than 3 years, please state previous addresses |  | If less than 3 years, please state previous addresses |  |
| Dates of occupancy at above address | From .................... To ......................  | Dates of occupancy at above address | From .................... To ......................  |
| Employment status | Full time Part time | Employment status | Full time Part time |
| How many hours do you work a week? |  | How many hours do you work a week? |  |
| What is your approx. yearly income? |  | What is your approx. yearly income? |  |

N.B. If you need to add another address please add this information on another sheet

**Children’s Information**

Child No. 1 (must meet the eligibility criteria)

|  |  |
| --- | --- |
| Name  |  |
| Date of birth |  |
| Child’s disability |  |
| Further details of disability |  |
| Name and address of School  |  |
| Contact name and email at school (We may contact this person for further details) |  |

Child No. 2 (must meet the eligibility criteria)

|  |  |
| --- | --- |
| Name  |  |
| Date of birth |  |
| Child’s disability |  |
| Further details of disability |  |
| Name and address of School  |  |
| Contact name and email at school (We may contact this person for further details) |  |

Child No. 3 (must meet the eligibility criteria)

|  |  |
| --- | --- |
| Name  |  |
| Date of birth |  |
| Child’s disability |  |
| Further details of disability |  |
| Name and address of School  |  |
| Contact name and email at school (We may contact this person for further details) |  |

If you have any other eligible children living with you please give details on a separate sheet stating names, DOB, schools attended and any disabilities.

**Funding request – Please list below details of your funding request. What would you like help with?**

Please state why you require this funding and list any other similar funding you have received in the past two years.

Estimated cost of activity/funding is …………………..

Please state below what difference this funding would make to your family – give as much information as possible. Please include the impact this funding will have on your family as well as the outcomes you hope to achieve from this.

Please state below any other funding, grants, and goods in kind you have received over the past two years that has not been included above.

By providing the information above you consent to Achieving for Children and Chances charity using your personal data provided within this application to verify your eligibility for the funding. Information will be shared between the two parties to achieve this and stored securely according to General Data Protection Regulations 2018

By supplying a personal statement, you are agreeing that the facts given above by the applicant are true and fair. You also should declare any personal interest/relationship that you have with the applicant.

I consent for my information to be shared

Signed: ......................................................................................

Please print name: ..........................................................................

Date:

**Professional supporting this application**

All applications must be verified by a professional referee e.g. teacher, health worker, social worker, family support worker, health professional. No family members or friends are allowed to give this reference

|  |  |
| --- | --- |
| Name |  |
| Contact telephone number |  |
| Email address |  |
| Address (work) |  |
| Relationship to applicant |  |
| How many years have you known the applicant |  |

Supporting statement from professional

By supplying a personal statement, you are agreeing that the facts given above by the applicant are true and fair. You also should declare any personal interest/relationship that you have with the applicant.

Signed: ......................................................................................

Please print name: ..........................................................................

Date:

**For office use only:**

Services being provided to applicant (or have been provided to applicant in the past two years) which are relevant to this application.