

**Equipment Application Form**

This form is for applications from both individuals and organisations. Please ensure you have read our Guidelines for Applications supporting document before applying.

|  |  |
| --- | --- |
| **1** | **Name and contact details of applicant completing this form (parent/carer/professional):** |
|  | Name:Address:Telephone: Email:***Please note all correspondence will be made by email and the email listed here will be the primary contact used.*** |
| **2** | **Beneficiary’s Details (this is the child or children who will benefit from the equipment):** |
|  | Name:Date of birth:Please explain the medical diagnoses and needs of the child:  |
| **3** | **Beneficiary’s parents/carers’ details if different from above:** |
|  | Name:Address:Telephone: Email:***Please note all correspondence will be made by email*** |
| **4** | **The equipment requested:** |
|  | *Please include specifics such as make, model and description.* |
| **5** | **The Benefits of the equipment** |
|  | *Please explain in detail why the equipment is needed and the impact it will have on the child and the family.* |
| **6** | **Assessment of Equipment** |
|  | *Please refer to the Guidance Notes for Applicants document for further information about what is required in this section.***Who identified the need for this piece of equipment?****Has an assessment of suitability been done and by whom?****Who will provide instruction and training on how to use the equipment safely?** |
| **7** | **Please explain why this piece of equipment cannot be funded by the NHS and/or Local Authority services:** |
|  | *Please refer to the Guidance for Applicants document for further information about what is required in this section.* |
| **8** | **Equipment Details – Quotes** |
|  | *Please refer to the Guidance for Applicants document for further information about what is required in this section.****Quote 1:***

|  |  |
| --- | --- |
| Equipment and supplier |  |
| Total cost excluding VAT |  |
| Amount raised/secured by other means |  |
| Total amount required from The Chronicle Sunshine Fund |  |

*Please provide the payment details of this supplier:*

|  |  |
| --- | --- |
| Supplier Contact Details |  |
| Email |  |
| BACS Bank Details(Sort Code and Account Number) |  |

***Quote 2:***

|  |  |
| --- | --- |
| Equipment and supplier |  |
| Total cost excluding VAT |  |
| Amount raised/secured by other means |  |
| Total amount required from The Chronicle Sunshine Fund |  |

*Please provide the payment details for this supplier:*

|  |  |
| --- | --- |
| Supplier Contact Details |  |
| Email |  |
| BACS Bank Details(Sort Code and Account Number) |  |

 |
| **9** | **Please tell us about any other charitable funding organisations you have applied to regarding this piece of equipment** |
|  |  |
| **10** | **External Partners** |
|  | We work alongside other charitable trusts and funds - if your application fulfils criteria for their funding please indicate if you’d be happy for us to share your application with them. If ‘Yes’ we will always make you aware if we feel your application would be suitable for this and we may need to contact you for some additional information, including basic financial information. |
| **11** | **Media and PR Involvement** |
|  | If your application is successful, would you agree to supporting our publicity? This might include a photo and story in The Chronicle newspaper and on social media. This would help the Sunshine Fund by raising awareness of the charity so we can help many more children in the North East with disabilities. *Please note that this will not affect any decision about your application.* |
| 12 | **Fundraising Involvement** |
|  | Would you be interested in supporting The Chronicle Sunshine Fund in fundraising events and activities? We rely completely on fundraising to be able to fund equipment. *Please note that this will not affect any decision about your application.* |
| **13** | **Where did you hear about the The Chronicle Sunshine Fund?** |
|  |  |
| **14** | **Additional Information** |
|  | Please use this section to tell us about anything else that you think is relevant to your application. |
| **15** | **Signature** |
|  | *By signing this you confirm the information provided is correct and that you agree to The Chronicle Sunshine Fund’s Terms and Conditions.***Print name:****Signature:****Date:** |
| **16** | **Submitting Your Application Form** |
|  | *Electronic submission:*rachel.kaczmar@reachplc.com*Hard copy submission:*Rachel KaczmarThe Chronicle Sunshine Fund2nd Floor Intu Eldon SquareEldon CourtPercy StreetNewcastle upon TyneNE1 7JB*Checklist:** Completed application form
* Two formal quotes from suppliers/manufacturers
* Two supporting letters from professionals on letterhead paper

An email will be sent to the primary email address to confirm receipt of your submission within a week of receiving the application. If you do not receive this email, please contact us directly. If you have any questions about your application, please contact Rachel on the email above or work mobile number: **07593298541** or alternatively, contact our office on **0191 2016066/0191 2016068** ***Please note that The Chronicle Sunshine Fund is not responsible for the maintenance and/or ownership of any equipment. The equipment is solely the responsibility of the organisation or the individual applying.***  |

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**Data Release Form**

In order to proceed with and assess your application efficiently we may need to share your information and application via email, phone and in person with our trusted partners:

* Members of our assessment panel who are our trustees and fully checked and vetted professionals working for the NHS and Local Authority.
* Supplier of equipment nominated on your application form.

**All data is stored and used in accordance with the new General Data Protection Regulations and your information will never be shared with third party companies without your consent.**

If you are satisfied with these conditions please read and sign below.

*(Please note that forms completed by proxy by a professional must have this filled in by the person or carer with legal responsibility for the named beneficiary.)*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 hereby give my permission for The Chronicle Sunshine Fund to share relevant and appropriate personal information with other service providers in connection with my application, including accessing and sharing my application for assessment purposes and for specific funding applications to trusts. I agree to Together We Can Fundraising having access to my application to enable them to apply to specific trusts and funds in order to potentially secure funding for the equipment requested. I understand that The Chronicle Sunshine Fund may hold information submitted by me in order to proceed with my application for funding.

**Statement of Consent:**

* I understand that personal information is held about me/my child.
* I have had the opportunity to discuss the implications of sharing or not sharing information about me.
* I agree that personal information about me may be shared and gathered from the following:
	+ NHS therapists who make up our assessment panel committee.
	+ The Chronicle Sunshine Fund Staff and Trustees.
	+ Supplier of equipment nominated on application form.

 **I agree to my information being shared**

**Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process, or wish to withdraw your consent please contact:**

rachel.kaczmar@reachplc.com

**Name: ……………………………..............................................……………………………………..**

**Address : ………………………………………………………………..................................................................**

**Post code: ……………………**

**Signature: ………………………………………………………………..................................................................**



## Equality Monitoring Form

## Why we need this information and why we are asking for it

The Chronicle Sunshine Fund is committed to promoting equality of opportunity, to ensure that everyone has the chance to participate fully in the services offered by the organisation. It is not mandatory to complete this form in order to submit your application, however, if you are happy to share your information, it will help us understand who we are reaching and how we can better serve our local community.

## Data protection

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymized statistics and data you have provided to have discussions about how to improve the diversity and spread of our outreach programme, but no information will be published or used in any way which allows any individual to be identified. All details are held in accordance with the Data Protection Act 2018.

What is your ethnic group?

Choose one option that best describes your ethnic group or background

|  |  |  |
| --- | --- | --- |
| **Asian/Asian British** | **Black/African/Caribbean/ Black British** | **Other Ethnic group** |
| ☐ Indian☐ Pakistani☐ Bangladeshi☐ Chinese☐ Any other Asian background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Caribbean☐ African☐ Any other Black/African/Caribbean background:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Arab☐ Any other ethnic group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mixed/multiple ethnic groups** | **White** | **Rather not say** |
| ☐ White and Black Caribbean☐ White and Black African☐ White and Asian☐ Any other mixed/multiple ethnic background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ English☐ Northern Irish☐ Scottish☐ Welsh☐ British☐ Irish☐ Gypsy/Irish traveller☐ Any other White background:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Rather not say |



**Under-18 Media Consent Form**

**Permission to use media items for The Chronicle Sunshine Fund publicity**

Please complete the form below to give specific permission for each category. You can contact us to revoke permissions at any time.

***Please note that your child will not be used in any future media publicity unless the permission categories below are ticked. When images are used by the newspaper, they will require your child’s full name.***

|  |  |  |
| --- | --- | --- |
| **Tick one column only** | **Yes**I give permission for my child’s photograph or video to be used for this purpose | **No**I **do not** want my child’s photograph or video to be used for this purpose |
| Photographs on The Sunshine Fund website |  |  |
| Videos on The Sunshine Fund website |  |  |
| Photographs on social media: e.g. Facebook, Twitter, Instagram and You Tube |  |  |
| Videos on social media: e.g. Facebook, Twitter, Instagram and You Tube |  |  |
| Photographs be used in promotional materials – leaflets, banners etc |  |  |
| Photographs in external media – for example The Chronicle and sister publications |  |  |
| Photographs on external social media – e.g. The Chronicle Live and online sister platforms |  |  |
| Videos on external social media – e.g. The Chronicle Live and online sister platforms |  |  |
| If there are any specific instances you **do not** want your child’s photograph or video to be used, please tell us here: |

Please sign and return this form as soon as possible to Rachel Kaczmar – The Chronicle Sunshine Fund, 2nd Floor intu Eldon Square, Eldon Court, Percy Street, Newcastle, NE1 7JB

**Name of child:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed (Parent/Carer):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Details:** rachel.kaczmar@reachplc.com 0191 2016068 07593298541