# TINY TIM TRUST – APPLICATION FOR FUNDING

When completed please return this form with supporting evidence to:

The Tiny Tim Trust

Mrs J Anderson (Secretary)

4 Gilbert Avenue 01246 236890

Walton Chesterfield S40 3EU

**PLEASE READ CAREFULLY AND COMPLETE ALL BOXES AS INDICATED**

Or email to: tjanderson564@gmail.com

## Applicant’s details

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Date of Birth

Age of other children at home:

Telephone Number:

Postcode: Email address: Age:

Name of Mother: Name of Father:

Child’s name: Address:

1. **Description of applicant’s needs**
2. **Reason for application**
3. **Details of equipment or resources**

**Please include quotes/estimates/illustrations.**

£

£

£

Estimated cost of funding (including VAT) Amount from other sources

Amount requested from Tiny Tim Trust

1. This application form **must be supported** by someone who is involved in a relevant professional capacity with your child, for example: Occupational Therapist, Social Worker, HeadTeacher, Specialist Teacher, Educational Psychologist, Child Psychologist, Physiotherapist or Community Paediatric Nurse. This is not a complete list and the Trust may need to contact this person for further information.

Telephone Number: Email address:

Profession:

Name:

Contact Address:

### Supporting Information

Please state if parent(s) or guardian also has special needs

**May we pass your telephone number to the supplier in order to expedite delivery if necessary? YES/NO**

1. **Declaration**

**I have read the details included in this application and I endorse it for funding.**

Signature: Date:

## To the supporting professional:

## Please return to the Secretary at the address above when the item(s) has/have been received:

**I confirm that …………………………. (name of child)**

**Received the item(s)**

**Requested on (date).**

**Signed: …………………………………**

**Profession: …………………………………..**

**Date: …………………………………**