



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.
- 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 four 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.**
- 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.



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.

Applicant details:

1. Full Name:
2. Address:
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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 Guardian:

9. Address:
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10. Daytime tel:

11. Evening tel:

12. Mobile tel:

13. E-mail address:

14. Details of nursery, school, college or university the child or young person is currently attending:
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15. Address:
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16. Telephone:

For parents of children in full-time education or deaf young people in employment, please provide:

17. Details of the work you do:
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18. Employer's name:
19. Employer's address:
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-
20. Employer's tel:

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.

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

24. £

Please state the contribution you are requesting from this charity?

25. £

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

26. You: £

27. Your family: £

Please provide details of financial support requested or received from other groups or charities:

28. Requested: £

29. Received: £

Please provide details of any previous applications you have made to this charity. 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.
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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 or Guardian (if under 18)
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34. Date of application:

Third party signatures will not be accepted

**Correspondence address:
The Secretary, BTHI Ltd, 11 Silverthorne Drive, Southport, PR9 9PF**

**REMEMBER TO INCLUDE A SELF-ADDRESSED STAMPED
ENVELOPE SO WE CAN SEND A REPLY TO YOUR APPLICATION**