

Date received:

Ref NO:

Date acknowledged



**Access Fund Parent/Carer/Practitioner application form**

**Disabled Children and Young People 2019 – 2020**

All questions must be completed or the application will not be considered

|  |
| --- |
| **Child or young person’s details**  **Name:**  **Date of Birth:**  **Address:**  **Postcode:**  **Telephone:** |

|  |
| --- |
| **Details of the child or young person’s special educational need or disability:** |

|  |
| --- |
| **Parent or Carer details**  **Name:**  **Relationship to child or young person Address:**  **Address:**  **Postcode:**  **Telephone:**  **Email:** |

**Children or young people receiving a personal budget from Newcastle City Council including the Children with Disabilities team or Hospital Social Work team CAN NOT APPLY**

**Children and young people receiving support from the Early Help and the Early Intervention team CAN APPLY**

The access Fund is open to children or young people with a special educational need or disability living in Newcastle aged 0 -17 years (inclusive) and who meets **at least one of the following** criteria:

Is the child or young person in receipt of higher or middle rate Disability Living Allowance (DLA)?

Yes No

Is this child or young person in receipt of the standard or enhanced rates of Personal Independence Payment Daily Living component?

Yes No

Is the child or young person subject to a Education, Health and Care Plan (EHCP)

Yes No

Name of school…………………………………………………………………………………………

Please attach a copy of the most recent letter of entitlement that you received from the DWP for

your child’s DLA or PIP. If you are applying because your child has an EHCP please enclose a copy

of the letter from the Council confirming your child’s final EHCP. Your application can not be considered by the Access Fund without this letter.

Contact details of lead professional or key worker ………………………………………………………

|  |
| --- |
| **Activity identified and details of service provider) for example – horse riding/swimming and name of organisation** |

|  |
| --- |
| **How will this application for funding help? (For example – It will help my child take part in an activity with their family or friends or help my child to try something different or a new activity** |

|  |
| --- |
| **How will this grant help towards linking into activities in the local community for the child, young person?** |

|  |
| --- |
| **How will the child or young person benefit? (For example, will be able to take part for the first time or gain more confidence/independence)** |

|  |
| --- |
| **Parent or carers view:** |

|  |
| --- |
| **If not the parent or carer, please put your details here**  **Name:**  **Relationship to child or young person:**  **Address:**  **Telephone:**  **Number:** |

|  |
| --- |
| **Payments are made by cheque. Please tell us who the cheque should be payable to:** |

|  |
| --- |
| **Child or young person’s view:** |

|  |
| --- |
| **What are you asking for and what does each part cost (if the activity requires safety equipment this may be considered)** |

|  |
| --- |
| **Total Cost of application (above costs added together)**  **£………………………….**  **Could the activity still go ahead if full amount is not awarded?**  **Yes  No** |

By signing below, you are confirming that the information provided is complete and accurate and that the parent/ carer (and child or young person if appropriate) has given consent for this application to be made.

You are also agreeing to give feedback in the future.

**Please return this form to:**

Grants Officer

Access Fund Lead

Nunsmoor Centre Trust

Nunsmoor centre

Studley Terrace Newcastle upon Tyne, NE4 5AH or email it to:nunsmoorcentre@newcastle.gov.uk

# The Access Fund – Supporting Activities for Disabled Children and young people

# Monitoring Form

**Gender of child or young person** please tick the appropriate box

Female **** Male **** Other

Ethnic origin of child or young person please tick the one that describes your child or young person

**White**

**** White – British

**** White – English

**** White – Irish

**** White – Scottish

**** White-Welsh

**Mixed Heritage  
** White and Black Caribbean

**** White and Black African

**** White and Asian

**** Any other mixed background

**Asian or Asian British**

**** Indian

**** Pakistani

**** Bangladeshi

**** Any other Asian background

**Black or black British**

**** Black Caribbean

**** Black African

**** Any other black background

**** Chinese

**Other Ethnic Group**

**** Any other Ethnic Group

**Information regarding the child or young person’s disability additional needs**

Please indicate any of the following, which applies to your child

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Mild | Moderate | Severe | Not applicable |
| Physical Disability |  |  |  |  |
| Learning Disability |  |  |  |  |
| Physical Illness |  |  |  |  |
| Language Disorder |  |  |  |  |
| Behaviour difficulties |  |  |  |  |
| Sight Impairment |  |  |  |  |
| Hearing Impairment |  |  |  |  |
| Autistic Spectrum Disorder- requires extra care for their age e.g. feeding/toilet and moving and assisting |  |  |  |  |
| Social, Emotional and Behavioural |  |  |  |  |
| Mental Health Issues |  |  |  |  |

**Declaration**

1. Funds allocated from the Nunsmoor Centre Trust Access Fund shall only be used for the purpose for which they are approved. Any change of purpose must be agreed in writing by the Grants Panel. Failure to comply with these conditions could put future funding at risk and where necessary appropriate action will be taken to recover funds inappropriately used.
2. The person seeking grant aid must comply with grant conditions detailed in this document and to any other conditions the Trust or City Council may deem reasonable to impose.
3. Provision must be made for up to date accounts to be kept, and for those accounts to be audited annually, by a competent person independent of the organisation.
4. The person shall be prepared, to report back to the Nunsmoor Centre Trust (on behalf of City Council) on the implementation of the project for which the grant was made. **This will include a breakdown of how grant was spent,** backed up by copies of relevant receipts.It is also a requirement of your child’s grant that you complete the monitoring form telling us of your child and families experience. This may help us to secure future funding.
5. If an Organisation ceases to provide a service the organisation shall notify the Trust and the City Council of the same and if so requested return any equipment or unspent grant.
6. Where there is a breach of any of these conditions the Trust (on behalf of the City Council) reserves right to claim back any equipment or grant aid.

I confirm that the information contained in this declaration is true and correct .I also confirm that I have read and understood the grant conditions set out in this document.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please complete and return this form and return to:

Grants Officer

Access Fund

Nunsmoor Centre Trust

Nunsmoor centre

Studley Terrace Newcastle upon Tyne, NE4 5AH

Tel: 0191 277 4400

Email: nunsmoorcentre@newcastle.gov.uk

**General Data Protection Regulations Statement**; The information that you have provided in this form is stored safely by Nunsmoor Trust. You can read more about how we will protect and use your data and treat your privacy in on our statements, which you can find on our website at <https://nunsmoorcentretrust.com/privacy-policy-and-data-protection/>