

GROUP DAY OUTING FOR CHILDREN IN CARE AND THEIR INDEPENDENT VISITORS (and Guide Notes)

Office use only Date received Reference

Group Leader/Deputy

This is a pilot funding programme. Funding will contribute to the costs for children in foster or residential care to go on a group day trip with their Independent Visitor (IV) matches. In addition, it will fund the costs of two members of the independent visitor service to go with the group. If only one person from the independent visitor service can accompany the outing, the deputy leader can be recruited from the relevant children's social services department. We aim to give you a funding decision within three months' of receipt of your application at our offices. The minimum total group size considered is 14. Day trips of any type will be considered, including walks requiring transport to get to the starting point. Outing related bookings will be made by the applicant and payments by Happy Days' Children's Charity.

Please complete this questionnaire as fully as possible, on all sides of the form. Do not leave any boxes blank. If the question does not apply to your group outing, write N/A in that box.

The Independent Visitor (IV) service co-ordinator or manager must complete this form and nominate a deputy outing leader.

Name of Applicant Role

Address

Town County Postcode

Daytime Tel No Mobile

Email

Name of Applicant's employer organisation

Name of Deputy Outing Leader Deputy Leader Tel No

(It is the responsibility of the Group leader or their deputy to ensure that written social worker permission is given for the children to attend the group outing).

Destination Request (Please attach any leaflets etc you have available on the chosen destinations)

Have the children been consulted about the destination? YES NO (please select correct one)

Date of Request

Please pick 3 dates in order of preference, at least 5 months from submitting this application. (These will be provisional dates only)

1 2 3

PLEASE NOTE: YOUR APPLICATION IS PLACED ONTO A WAITING LIST AND WE MAY NEED YOU TO RE-SELECT DATES, IN THIS EVENTUALITY WE WILL WRITE TO YOU.



What We Will Normally Fund

We will fund or part fund the costs of the group outing for all the children under the age of 18. We will also meet the costs for their IVs and the group leader and deputy group leader accompanying them. The items we can fund include: transport, ticket/passes.

Pick up point address

Pick up time

Drop off time

It is the responsibility of the Group Leader to ensure that all group outing attendees are assembled at the collection point at the time and date designated.

It is the responsibility of the child's foster parent or residential care key worker to ensure that the child's medication (if needed) is handed to the independent visitor with full written instructions.

Wheelchair Users

Are any of the children confined to a wheelchair

 YES NO

(please select correct one)

If YES, how many are confined to a wheelchair

Of those confined to a wheelchair, how many have to stay IN the wheelchair in transport

Venue

Transport

Do you have any coach companies in your area that you use who you would like to recommend. If so, please give name and telephone number below.

Funding Required

Please tick what you would like us to fund.

Tickets/Passes etc

Transport

Visiting Theatre

Number of children attending the group outing

Number of Independent Visitors attending the group outing

Number of accompanying Independent Visitor Service Staff

Number of accompanying Social Work staff

Number of Children who will benefit by age:

3-5

6-10

11-16

17

Number of Children who will benefit by ethnicity:

People of Indian Origin

People of African Origin

White

People of Bangladeshi Origin

People of Chinese Origin

Other

(please tell us which)

People of African Caribbean Origin

Irish Travellers

People of Pakistani Origin

Irish People living outside Northern Ireland

Prefer not to say

Age range and ethnicity of Independent Visitors

18-30

31-45

45+

People of Indian Origin

People of African Origin

White

People of Bangladeshi Origin

People of Chinese Origin

Other

(please tell us which)

People of African Caribbean Origin

Irish Travellers

People of Pakistani Origin

Irish People living outside Northern Ireland

Prefer not to say



Number of Children benefitting by type:

Living in residential care

Living in foster care

Living in out of area placement

Would the children who you are applying for, have been likely to have been able to benefit from a trip such as this without this funding being made available by us.

YES

NO

(please select correct one)

In what ways do you think this group outing will be beneficial to the children?

In what ways do you think this group outing will be beneficial to the independent visitors?

In what ways do you think this group outing will be beneficial to independent visitor service staff?

Please confirm that all Independent Visitors have an advanced, up-to-date DBS check

YES

NO

If no, please explain

Please confirm that the Group Leader has an advanced DBS check

YES

NO

If no, please explain

Please confirm that all other accompanying adults have an advanced DBS check

YES

NO

If no, please explain

Safety Planning

Please confirm that a risk assessment has been carried out for the group outing

YES

NO

Please confirm that the children's social workers have been supplied with the risk assessment for this outing in advance of them giving consent for the children to attend.

YES

NO

Please confirm that the children's social workers have given consent for them to attend the group outing

YES

NO

Please email a copy of your safe guarding policy for children.

Please email a copy of your safe guarding policy for adults.

Please confirm that the necessary public liability insurance is in place for this outing

YES

NO

If you have responded "No" to any of the above DBS or Safety Planning confirmations, please explain why



Number of Children

Total

Children's Age Range: From To (only ages 3-17 funded)

Number of Independent Visitors

Number of Independent Visitor Service Staff

Number of social work staff

Number of additional adults (Self Funding)

Total Number of People

Types of Diagnosis/
Special Needs

Project budget

Expenditure

Income (raised and expected to raise)

Item	Price	Amount	From
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Please attach quotes)

TOTAL

**AMOUNT REQUESTED
FROM HAPPY DAYS**

If your application is successful and the outing goes ahead, you will be required to complete and submit a monitoring form. You may also receive a 'phone call at a mutually convenient time to discuss your experiences of the outing and application process.

Do you also agree to submit anonymised copies of the contact sheets completed by the independent visitors for the outing?

YES NO

Happy Days is a non-denominational charity and operates an equal opportunities policy. Happy Days is committed to achieving equality of opportunity as a provider of funding for day trips/group outings/visiting theatres for children and young people with special needs and or children/young people living in care. In considering applications for funding therefore, Happy Days aims to ensure that no child and/or young person or group of children and/or young people (as the case may be) receive less favourable treatment on the grounds of gender, sexuality, race, colour, ethnic origin, religion, class, marital or parental status or appearance.

★ If you have any difficulties or queries regarding this form, please contact us for guidance.

To the best of my knowledge, the information I have given is correct.

Signed

Name

Date

Either submit this form by email to enquiries@happydayscharity.org or by post to Happy Days Children's Charity, Unit 6&7 The Glover Centre, 23-25 Bury Mead Road, Hitchin Hertfordshire SG5 1RP

