

## GROUP DAY OUTING FOR CHILDREN IN CARE AND THEIR INDEPENDENT VISITORS

<b>Office use only</b>	Date received <input type="text"/>	Reference <input type="text"/>
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### Guidance Notes

This is a pilot funding programme.

Grants will contribute to the costs for children in foster or residential care aged three to seventeen, to go on a group day trip with their Independent visitor (IV) matches. The programme will contribute to costs including transport, tickets and passes.

Groups must be accompanied by a member of the IV service staff (The Group Leader). Groups over 30 people in total, must be accompanied by TWO members of IV staff. The minimum total group size is fourteen. Day trips of any type will be considered, including walks requiring transport to the starting point.

An independent visitor service may only submit ONE application at a time, for a single group. If unsuccessful, the service can apply again. Within one month's time of the outing date, successful applicants must complete and submit a monitoring form. Failure to do so will make the independent visitor service INELIGIBLE to apply for any future group outing funding. Independent visitor services CANNOT apply for another group outing grant until six months' have elapsed after their initial outing.

Outing related bookings will be made by the applicant and payments by Happy Days Children's charity. All outings must have a risk assessment prior to commencement.

It is the responsibility of the Group Leader or their deputy to ensure that written social work permission is given for the children to attend the group outing. It is also the responsibility of the Group Leader to ensure that all group outings attendees are assembled at the collection point at the time and date designated.

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

The IV service manager or co-ordinator must complete this form in full. If the question does not apply to your group outing, write N/A in that box.

Name of Applicant	<input type="text"/>	Role	<input type="text"/>
Name of Applicant's employer organisation	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
		Postcode	<input type="text"/>
Daytime Tel No	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

Group size over 30  YES  NO  (please select correct one)

Name of Secondary IV staff member accompanying the group  Tel No



## 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.**

Pick up point address

Pick up time  Drop off time

## 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

Number of children attending the group outing

Number of Independent Visitors attending the group outing

Number of accompanying Independent Visitor Service Staff

Total group size

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



Types of Diagnosis/  
Special Needs


### Project budget

Expenditure

Income (raised and expected to raise)

Item	Price	Amount	From

(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?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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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	<input type="text"/>	Name	<input type="text"/>	Date	<input type="text"/>
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Either submit this form by email to [enquiries@happydayscharity.org](mailto: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

