

Dear Applicant

We do have a very strict remit and that is to help families with children aged 3-17 who are disabled, have a special need or have been abused, families must have a household income of £28,000 or under, this includes all benefits received but not PIP/DLA, Child Benefit or Carers Allowance.

Funding contributions are towards a day trip of your choice.

Once the application form is completed could you please ensure that the following documentation is enclosed: **To help keep charity costs down please only send copies not originals as these will not be returned.**

- A **photograph** of your child for file purposes only
- A copy of **all** benefits received. **Income Support, Universal Credit, Tax Credits, DLA, PIP, Carers Allowance etc.**
- A copy of 3 recent **Wage Slips** if applicable
- A letter from the child's **GP** or **Hospital Consultant/Paediatrician** or any **Health Professional** confirming their diagnosis.

Please return ALL of the documents requested as this could result in your application being returned and delay the application process. Please ensure that the correct postage is paid when returning your application.

If you have any queries please do not hesitate to contact me on 01462 530710

With Kind Regards

Ann DaRocha
Holiday & Trust Officer



APPLICATION FOR A FAMILY DAY TRIP

Office use only

Date received

Childs Parent or Guardian

Please read this form carefully and answer all questions as fully as possible. Do not leave any boxes unanswered, if a question is not applicable please write N/A in that box. If the question has a deletable answer please ensure this is done. If you have more than one special needs child who you are applying for, then please complete and submit a separate form for each child.

Childs full name

Date of birth

Age

Nationality

Sex

Male

Female

Parent's or Guardian's full name

Address

Postcode

Telephone No. Mobile

Home

E-mail Address

Childs diagnosis

At what age was the child diagnosed

Can you give us any further information on your child's condition.

For example: Dietary Restrictions, Continentancy, Communication Problems, Level of Dependency etc.

* Please attach a letter from the child's GP/Consultant/Social Worker/Health Professional confirming your child's diagnosis.

Apart from the condition above, are there any other medical conditions, disabilities, behaviour problems or circumstances that should be recorded, i.e. asthma, diabetes, heart condition, eczema, epilepsy etc.



What are your child's hobbies/interests/likes

What are your child's dislikes/fears

Does your child have any difficulties with travelling? (If yes, please give details)

Are you or do you intend to be registered with any other Charity/Authority or Organisation to apply for a day trip. YES NO

Have you had a day trip from Happy Days Charity before? If yes please give date.

Please give full details of who you have applied to and for what day trip.

Please give date of when a decision is expected.

**Details of Immediate Family Wishing to be Considered
i.e. parents/siblings up to 17 years of age**

Full name	Age	D.O.B.	Relationship to Applicant	Benefits Working/School
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your child able to walk independently YES NO Confined to a wheelchair YES NO

What type of wheelchair MANUAL ELECTRIC

Change of Address/Details

It is important that you inform us of any change of address, telephone number or email address.



Age Range

Applications are considered for children between 3-17yrs. Very rarely and only in exceptional circumstances do we accept children outside this age range.

Income

We would normally only welcome applications from families with a household net income of £28,000 per annum or less. This does not include DLA/PIP, carers allowance or child benefit

✳ Please attach proof of income support/universal credit/tax credits/any other benefits or if in receipt of a salary - enclose a copy of amount awarded (3 recent pay slips). If you are self employed we require statement of financial affairs/accounts. PLEASE SEND COPIES NOT ORIGINALS.

Fastrack Applications

If you are applying for a family day trip for your child and your child is suffering from a life-limiting condition, then the application will be expedited. If you are applying under this category, please tick

✳ Please attach a letter from the child's GP or Consultant/Specialist Health Professional confirming your child has a life limiting condition.

How did you hear of the charity?

Destination

You may choose a day trip of your own choice for consideration. Please state where you would like to go.

What We Will Normally Fund

The family day trip provided is intended to benefit your child. We will normally, subject to available funds and when your child reaches the top of the waiting list, provide a family day trip.

- We will pay the cost of the entrance/venue.
- **TRAVEL** - You will be responsible for making your own travel arrangements.
- Take into consideration how long the journey will take.
- If travelling by car we will pay 30 pence per mile using an online travel calculator from your home postcode to the destination postcode and return journey.
- If travelling by coach/train, purchase your tickets and send us a copy of proof of purchase/tickets and we can reimburse the costs.
- **WE WILL REIMBURSE TRAVEL COSTS UP TO A MAXIMUM OF £50.**
- Please note we do not usually pay for taxis or hire vehicles.



Checklist

- | | | | |
|--|-------------------------------|---|-------------------------------|
| 1. Have you answered all the questions fully. | Tick <input type="checkbox"/> | 3. Have you enclosed proof/copies of pay slips, all proof of income/benefits. | Tick <input type="checkbox"/> |
| 2. Have you enclosed a letter from your GP/Social Worker etc. confirming your child's diagnosis/situation. | <input type="checkbox"/> | 4. May we have a recent photograph of your child for our files, if so please enclose. | <input type="checkbox"/> |

Funding for your family day trip

We approach various organisations for example, grant making charities and companies to ask for help. This has been very successful for us over the years.

In order for them to make a decision in granting us money, we need to tell them what we want the funds for. It would help them to receive a little information such as your child's first name, area they live in, their medical condition and if possible, a small picture.

Please indicate with a Y/N in the following boxes the information we can use in our search for funding for your family break.

Place **Y** for YES or **N** for NO in the boxes below:

First name Town of residence

Illness/Situation/Disability Photograph

When we have booked & paid for your day trip, may we inform the local paper

May we utilise your details on social media

It is a mandatory requirement that you complete our monitoring form after your day trip and send feedback such as photographs, letters, drawings & thank you cards.

If we do not receive the above, you will not be considered for a further day trip.

Declaration

I/We confirm that I am/we are the parents/legal guardians of the Child, and that I/we have, (and am the only person/are the only people who have) the legal right to request the family day trip, sign this agreement and generally give consent, on behalf of the Child.

I/we understand that if I/we misrepresent, or fail to inform you, of any material fact or matter in relation to my/our application this will be in breach of this agreement and support for the fulfilment of the family day trip may be withdrawn.

I/we have taken medical advice where appropriate, as to the suitability of the family day trip and the capacity (whether physical, mental or otherwise) of the Child to take part in it, all activities involved in it and all matters associated with it (such as, for example any travelling which may be involved).

I/we accept that I/we will remain fully responsible for the Child at all times. It will remain at all times my/our responsibility to assess the suitability of any venue, activity or otherwise proposed in respect of the Child.

I/we confirm that I/we have read and fully understood the conditions and I/we certify that the information I/we have given in this form is to the best of my/our knowledge correct.

Name

Signed

Dated



Income/Expenditure Sheet

(To be completed by all applications for family breaks)

Child's Name	<input type="text"/>
Parent's/ Guardian's Name	<input type="text"/>

**USE WEEKLY FIGURES
ALL THE WAY THROUGH**

Weekly Income

Step 1	Net Wages or Salary	<input type="text"/>
	Net Wages or Salary (partner)	<input type="text"/>
	Jobseeker's/ESA	<input type="text"/>
	Income Support/Universal Credit	<input type="text"/>
	Pension Credit	<input type="text"/>
	DLA/PIP	<input type="text"/>
	Carers Allowance	<input type="text"/>
	Child Tax Credit	<input type="text"/>
	Tax Credit (family/working)	<input type="text"/>
	Retirement or Works Pension	<input type="text"/>
	Child Benefit	<input type="text"/>
	Maintenance/CSA	<input type="text"/>
	Foster Parent's Income	<input type="text"/>
	Rent/Board (other family members)	<input type="text"/>
	Other	<input type="text"/>
Total Income	BOX A	<input type="text"/>

Credit Debts Step 2

	Creditor	Balance Owed	Weekly Payment
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Owed		<input type="text"/>	
Total Weekly Repayments *	BOX D	<input type="text"/>	

**USE WEEKLY FIGURES
ALL THE WAY THROUGH**

Weekly Outgoings

Step 3

Mortgage	<input type="text"/>	
Mortgage Endowment Policy	<input type="text"/>	
Second Mortgage	<input type="text"/>	
Rent	<input type="text"/>	
Council Tax	<input type="text"/>	
Water Rates	<input type="text"/>	
Ground Rent or Service Charge	<input type="text"/>	
Building & Contents Insurance	<input type="text"/>	
Life Insurance & Pension	<input type="text"/>	
Gas/Electricity/Oil	<input type="text"/>	
Food	<input type="text"/>	
TV Rental & Licence	<input type="text"/>	
Maintenance Payments	<input type="text"/>	
Hire Purchase/Loans	<input type="text"/>	
Travelling Expenses	<input type="text"/>	
School Meals	<input type="text"/>	
Clothing	<input type="text"/>	
Phone & Mobile Phone	<input type="text"/>	
Prescriptions & Health Costs	<input type="text"/>	
Childminding	<input type="text"/>	
Fines/CCJ's	<input type="text"/>	
Credit Debts (BOX D)	<input type="text"/>	
Other 1 *	<input type="text"/>	
2	<input type="text"/>	
3	<input type="text"/>	
Total Outgoings	BOX B	<input type="text"/>

Expenditure

Step 4

Total Income	BOX A	<input type="text"/>
Total Outgoings	BOX B	<input type="text"/>
Take B away from A = BOX C		<input type="text"/>