

APPLICATION FOR A DAY TRIP/VISITING THEATRE COMPANY (and Guide Notes)

Office use only

Date received

Group Leader/Deputy

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

All Children must be up to the age of 17. Only essential Key Carers will be funded. Any additional adults would need to be self funded. In addition to this we ask you to nominate a group leader plus a deputy group leader.

Name of Group

(For example school, special needs group etc.)

Address

Town County Postcode

Daytime Tel No Mobile

Email

Name & Telephone No. of Group Leader

Name & Telephone No. of Deputy Leader

(It is the responsibility of the group leader and in turn the deputy to ensure that written parental 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)

Date of Request

Please pick 3 dates in order of preference, at least 12 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 day trip/group outing for all the children under the age of 18. We will also meet the costs of 'Key Carers'. Non essential adults would need to be self-funding. The items that we can fund are tickets/passes etc, and transport.

Fastrack Applications

If you are applying for a day trip/group outing for children suffering from a life-limiting condition, then the application may be expedited. If you are applying under this category, please tick here

Pick up point address

Pick up time

Drop off time

It is the responsibility of the parents/guardian to ensure that all parties are assembled at the collection point at the time and date designated by the group leader and in turn the deputy.

In addition it is the responsibility of the child's parent/guardian to ensure that the child's medication (if needed) is handed to the care team 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 you are applying for

Number of accompanying 'Key Carers'

Number of non-essential adults (self-funding)

Number of Children who will benefit by age: 3-5 6-10 11-16 17

Number of Children who will benefit by ethnicity in percentage terms:

People of Indian Origin

People of African Origin

White

People of Bangladeshi Origin

People of Chinese Origin

Other

(please tell us which)

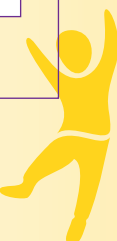
People of African Caribbean Origin

Irish Travellers

People of Pakistani Origin

Irish People living outside Northern Ireland

**The National Charity Providing
Holidays and Day Trips For Children With Special Needs**



Number of Children benefitting by type in percentage terms:

Deprived Children in Rural Areas

Deprived Children in Urban Areas

Children living in areas of Poor Housing

Disabled Children

Children with Unemployed Parents

Young People living in Care

Children with a Mental Illness

Children whose Parents are on Low Income

Children with a Physical Illness

Children who have been Abused

Victims of Crime

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 way do you think the trip/outing/visit will be beneficial to the children.

Lined area for text response.

Please confirm all Key Carers have been DBS checked YES NO

If no, please explain

Please confirm you have a Safeguarding Policy in place YES NO

If no, please explain

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. 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.



Number of Children

Total

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

Number of Essential Carers

Number of Non Essential Carers (Self Funding)

Number of Siblings/Children without Special Needs (Self Funding)

Total Number of People

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**

Application for a Day Trip/Visiting Theatre Company (HD ADT 01-23)

Please attach separate list if there is insufficient space in the form
It is usual for us to contact the local papers to inform them of our activity, they may in turn wish to take a picture. Please tick here if you DO NOT want us to seek publicity.

★ 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

