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| **PERSON COMPLETING APPLICATION** | | | | | | | | | |
| Name of person completing the application |  | | | | | | | | |
| Job title  (if applicable) |  | | | | | | | | |
| Contact details including:  Address  Telephone  Email |  | | | | | | | | |
| Relationship to beneficiary (Child/Young Person) |  | | | | | | | | |
| Name of local ABI Coordinator |  | | | | | | | | Is your local ABI Coordinator aware of this application? **Yes / No** |
| When did you last make an application to the Child Brain Injury Trust? | | | | | |  | | | |
| **ABOUT YOUR APPLICATION** | | | | | | | | | |
| Name of Child/ Young Person receiving grant |  | | | | | | | | |
| D.O.B |  | | | | | | | | |
| Contact details including:  Address  Tel number  Email address |  | | | | | | | | |
| Do they have an ABI? **Yes / No** | | | | | Are they a sibling of a child with ABI? **Yes/No** | | | | |
| Name of parent/guardian | | |  | | | | | | |
| Contact details of parent/guardian including:  Address  Telephone number  Email address | | | | | (if different from address above) | | | | |
| Why are you applying for a grant from the Child Brain Injury Trust?  *(Please briefly explain your circumstances)* | | | | |  | | | | |
| How much are you applying for in total? | | | | | £ | | | | |
| **HOW WOULD YOU LIKE TO SPEND THE MONEY?** | | | | | | | | | |
| **Day out for the family**  (*Name of place you’d like to visit*) | | | |  | | | | | |
| Adult £  Child £ | | Adult £  Child £ | | | | | (*Additional information*) | | |
| **Activities and clubs**  E*xplain the nature of activity.*  *E.g. Swimming lessons, music club, bowling* | | | |  | | | | | |
| Cost per activity £  Number of sessions required  Total cost £ | | | | (*Additional information*) | | | | | |
| **Electronic equipment**  *(Please tell us what you’d like and then provide 3 quotes from 3 different retailers)* | | | | |  | | | | |
| £  £  £ | | | | Detail:  Detail:  Detail: | | | | | |
| **Toys**  *Please state what and provide 3 quotes from 3 different retailers* | | | | |  | | | | |
| **Equipment**  weighted blanket/mood lamps etc.  *(Please provide information about the supplier)* | | | | | £  Name of supplier: | | | | |
| Other (please provide detail) | | | | | £  Detail: | | | | |
| Do you want CBIT to purchase the item/tickets on your behalf | | | | | **Y/N** If yes, please state where from  (*please provide* *web link where possible*) | | | | |
| When are you planning on using the grant? | | | | |  | | | | |
| If you would prefer a bank transfer, please include:  Bank/Building Society name:  Account name:  Account number:  Sort code: | | | | | Cheque: **Y/N** Payable to: | | | | |
| **MAKING A DIFFERENCE** | | | | | | | | | |
| How will this grant make a difference? | | | | | | | | | |
| Applicant signature: | | | | | | | | Date: | |
| By signing this form, I confirm that to the best of my knowledge all the information given is correct and accurate. If successful, I will only spend the grant money on the activity described in this application and will provide feedback to the Child Brain Injury Trust on how the grant has helped. | | | | | | | | | |
| **Privacy Statement**  Throughout CBIT's relationship with a family, all personal information about parents and families is treated as confidential, to be discussed only as necessary with the Charity in support of the ABI Coordinator and to assist the family. With a family's permission, we will share certain information with relevant organisations and other professionals when attending multi-agency meetings/school support meetings. Any disclosure of confidential information may only be undertaken with your permission, for the purpose of assisting your family, except where it is considered necessary for the welfare and protection of a child or young person when information shall be shared with the appropriate authority. | | | | | | | | | |
| **TO BE COMPLETED BY ABI COORDINATOR ONLY** | | | | | | | | | |
| Coordinators supporting statement *–*   * *Please include nature of ABI* * *Current issues* * *Benefits this grant will provide* * *What alternative funds have you researched?* | | | | |  | | | | |
| ABI Coordinator signature: | | | | | Date: | | | | |
| * *Has GDPR been completed?* | | | | |  | | | | |

* **Please send completed form to** [**office@cbituk.org**](mailto:office@cbituk.org)
* **All applications need to be verified and supported by your regional ABI Coordinator.**
* **Applications are reviewed every 6 weeks once application has been verified, so please ensure you submit in good time.**
* **The decision made by the assessing officer is final and there is no appeal process.**
* **We require feedback within 4 weeks of your grant which can be provided by email** [**office@cbituk.org**](mailto:office@cbituk.org)
* **Only one successful application every 2 years per family can be made.**