



**DAYTRIP FUNDING APPLICATION FORM**

Please read the accompanying notes before completing this form in BLOCK CAPITALS as fully as possible using additional sheets where necessary. If any questions do not apply to your group then please write N/A in the box.

**Contact Details:**

*(Please supply any leaflets of information you have about your organisation)*

Name of organisation:

*(I.e. Charity, special needs group, etc)* Charity Registration Number:

Contact name:

Address:

Postcode:

Phone Number:  Mobile:

Fax Number:  Email:

Website:

**Details of proposed daytrip:**

*(Please supply any leaflets or information you have available on the proposed destination)*

Proposed Destination:

Proposed Date:

*Reason for Daytrip:*

**Fast Track Applications:**

*(Wherever possible applications for daytrips involving children with life limiting illness will be expedited)*

Are any of the children within the group suffering from life limiting conditions?

Y

N

If yes, please indicate how many children:

**Funding Required:**

Please complete the boxes specifying how much funding is required for each section

*(You are expected to provide quotations for all expenses to support this application)*

Travel:

Entrance Fees:

Food/Drinks:

Souvenirs:

Miscellaneous:

Provide details of any miscellaneous costs below

Total Funding Required:

Notes: *(Please provide a breakdown of all the costs applied for including individual Entrance Fees etc)*

**Transport:** *(Please supply the contact details and a quote from the coach company you propose using)*

Company Name:

Contact Name:

Phone Number:

Have you used the company before?

Y

N

*(Please tick appropriate box)*

**Wheelchairs Users:**

Are any of the children confined to a wheelchair?

Y

N

*(Please tick appropriate box)*

If yes, please indicate how many children:

How many of these children would require specially adapted transport facilities:

**Children and Key Carers:**

*(Please provide details of any children and key carers attending the proposed trip.  
Please note all non-essential adults or siblings must be listed on the following page)*

|     | <b>Name of Child</b> | <b>Age</b> | <b>Diagnosis</b> | <b>Name of Key Carer</b> |
|-----|----------------------|------------|------------------|--------------------------|
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| 40: |                      |            |                  |                          |

**Diagnosis Notes:** *(Please use this section to clarify the full name of any rare conditions or abbreviations you might have used in the listed Diagnosis of each Child)*

**Non-Essential Adults or Siblings (Self Funding):**

*(Please provide details of all non-essential adults or siblings attending the proposed trip.*

*Please note that all of the following names are expected to be self funding.*

*However additional funding will be considered where exceptional circumstances are applicable)*

|     | <b>Name of Non Essential Adult or Sibling (Self Funding)</b> | <b>Age</b> | <b>Related to / Accompanying</b> |
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**Summary of Numbers:**

Number of children you are applying for:

Number of accompanying 'Key Carers':

Number of non-essential adults (self funding):

Number of siblings (self funding):

Number of children who will benefit by age:  
(Please write the appropriate numbers in each box)

3-7

8-12

13-17

18-21

If there are extenuating circumstances why you feel we should provide funding for the other non-essential adults and siblings please tell us here:

If we are unable to assist with funding will the proposed daytrip still go ahead?

Have you applied for funding for this trip from other sources?

If yes, please provide us with details:

**Daytrippers Feedback:**

Have you applied for funding from Daytrippers before?

Please can you give details about how you heard about Daytrippers Charity?

Daytrippers always welcomes feedback so if you have any suggestions or comments on how we can improve the application process please give details below:



## Terms and Conditions

1. Applications will only be considered for children and/or young people up to the age of 21 years and who have a disability (as defined in the Disability Discrimination Act 1995), life limiting or terminal illness.
2. Daytrippers is a non-denominational charity and operates an equal opportunities policy, the terms of which are attached.
3. Daytrippers will only fund up to the agreed amount which is based on the specified expenses detailed on your application form.
4. Daytrippers will only consider application forms submitted 2 weeks or more prior to the proposed date of the trip.
5. Only the children with disabilities and the essential key carers will be funded. Any additional adults or siblings travelling with the group will be expected to be self funding however additional funding will be considered where exceptional circumstances are applicable.
6. All applications should be accompanied with reasonable quotations for requested funding (which may include coach hire, train tickets, entrance fees etc). In the case of food and souvenirs, an indication of the cost per head must be supplied.
7. Where funding allows Daytrippers aims to fund a maximum of 2 trips per organisation per year.
8. If any amendments are made to the proposed trip after Daytrippers have agreed funding then we must be informed immediately as this may affect the funding. These can include changes to the names or numbers of children attending, the proposed destination or date of trip, etc.
9. Following the daytrip, Daytrippers will require the following information before reimbursement will be issued:
  - a. An invoice on your organisations headed paper detailing the total money spent on the trip. Evidence of monies spent must be provided to support the invoice. Monies will not be reimbursed unless such proof is provided. Photocopies of receipts will be accepted.
  - b. A register of the children who went on the daytrip, if different from the original application. Please include the name, age and diagnosis of each child.
  - c. Personal accounts of daytrips ("testimonials") from children and/or young people are to be provided to Daytrippers for publicity purposes. Testimonials should consist of photographs of the group and statements from the children expressing how they felt about the trip. This would help raise awareness of Daytrippers cause and further vital funding. The testimonials may be published on our website, leaflets, brochures etc. No child's name will be publicised without your prior written consent. Please confirm you consent to the use of testimonials by completing the sentence below.

I do / do not \* consent to the use of testimonials for publicity purposes.  
(\*delete as applicable)

10. If Daytrippers does not receive all the requested information within 8 weeks of the date of the trip, then we reserve the right to withdraw the agreed funding and reallocate it to an alternative group.

By signing below you are agreeing to our terms and conditions and consent to being responsible for supplying us with information that we require to complete this application. You also confirm by signing that all the information you have provided in the Application is true and accurate in all respects.

Signature.....

Print Name.....

Date.....

### **Equal Opportunities Policy:**

Daytrippers is committed to achieving equality of opportunity as a provider of funding for day-trip services for children and young people up to the age of 21 years who have a disability, life limiting or terminal illness. Daytrippers is committed to the active pursuit of an equal opportunities policy in providing funding for daytrips. In considering Applications for funding therefore, Daytrippers 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.

**Additional Information / Continuation Page:**