

Application Form – Individual (Minimum age 17)

Registered Charity No: 284791

| Office | use | |
|--------|-----|--|
| | | |

BLOCK LETTERS

| Name | | | | |
|-------------------------------|--------------|----|-----------|----|
| Address | | | | |
| | | | | |
| | | | | |
| Post Code | | | | |
| Tel No | | | Mobile No | |
| E-mail | | | | |
| Date of Birth | | | | |
| Nature of Disabi | lity | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| What help do you need? | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Name of you help Age | per(s)/ | 1. | | 2. |
| Address | | | | |
| | | | | |
| | | | | |
| | | | | |
| Post Code | | | | |
| Tel No | | | | |
| Mobile No If related to appl | licant - how | | | |
| Email: | icant - now | | | |
| | | | | |

Application Form – Individual

| | <u> </u> | | | |
|--|----------|--|--|--|
| Details of Holiday, e.g. Package | | | | |
| Tour, Organised Group | | | | |
| holiday, Independent | | | | |
| Name of the Tour Operator or | | | | |
| Voluntary Organisation you are | | | | |
| travelling with | | | | |
| Name of the Resort | | | | |
| Hotel | | | | |
| Departing/Return | | | | |
| Others accompanying you on | | | | |
| your chosen Holiday other than | | | | |
| helper(s) | | | | |
| | | | | |
| Approximate ages and | | | | |
| relationship to you | | | | |
| Total Cost of your holiday | £ | | | |
| (excluding pocket money) | | | | |
| Extra Costs e.g. incurred due | £ | | | |
| to your disability | | | | |
| Cost of the helper's 'holiday' | £ | | | |
| • | | | | |
| Your contribution to helper(s) | £ | | | |
| costs. | | | | |
| Contribution from helper(s) | £ | | | |
| | | | | |
| Balance to be Raised | £ | | | |
| Have you applied for Grants | | | | |
| elsewhere? Please give details | | | | |
| ciscwifere. Trease give uctains | | | | |
| Grants already awarded to | | | | |
| your helper(s) | | | | |
| | | | | |
| To You? | | | | |
| If a Grant is made – Cheque | | | | |
| made payable to? | | | | |
| | | | | |
| I confirm that the information given on this application is, to the best of my knowledge, correct. I | | | | |

I confirm that the information given on this application is, to the best of my knowledge, correct. I agree to any enquiries being made to verify any or all of the information included in my application.

| Signature | Date |
|------------------------------|------|
| Name in Block Capital please | |

DISABILITY AID TRUST (DAT)

Registered Charity No: 284791



Before you complete the application form, please read the following notes carefully.

The Disability Aid Trust exists to provide towards the costs of the helpers of severely physically disabled people on holidays where these costs cannot be met by the applicant, the helper or from any other source, and where the disabled person would be unable to go on holiday without someone to help him or her with everyday needs.

The Trust is bound by its rules and constitution and cannot make grants for any other purpose. It cannot, for example, make grants towards the disabled person's own costs.

Applications are accepted from the disabled person or applications made on their behalf. The minimum age for applicants is 17 years.

The Trust is a small Charity with limited funds and cannot help all applicants. Rarely can the full cost of the helper's holiday be met, but it is hoped that the grant will make it possible for the holiday to be taken.

You should choose a holiday and give details of the cost on the application form, because the amount of any grant will be in proportion to the costs of the helper. If there are any subsequent changes in the holiday plans or the costs, the Trustees may have to review the grant.

If your application has been successful, you will be sent a cheque only after the Trustees have received evidence that the holiday has been booked, and a substantial deposit paid. Applications are accepted on the understanding that the Trustees reserve the right to have enquiries made to confirm the information supplied.

The Trust cannot allocate funds in respect of holidays already taken; it would be advisable to apply in good time prior to any proposed holiday being booked; the allocation and administration of funds can take several weeks.

The Trustees will now only consider applications for two consecutive years following which there must be a two-year interval before further applications can be made.

The Trustees meet twice a year to consider applications and to allocate the funds available.

Applications should reach the Hon. Secretary by either: -

1st February for holidays between 1st April and 30th September, or

1st August for holidays between 1st October and 31st March.

All information given on the application form will be treated in the strictest confidence.

Please ensure that all questions are answered fully to avoid unnecessary correspondence.

The application should be accompanied by independent confirmation of

- a) The disability
- b) That the applicant could not go on holiday without help with his/her physical requirements.

This can be in the form of

- 1. A recent doctor's note, or
- 2. A letter from a bona fide organisation operating in the interest of disabled people.

Please return the completed application form and include the letters or notes of support, as soon as possible, to:

The Hon. Secretary, Disability Aid Trust, Northchapel House, North Street, Horsham RH12 1RD