



ORCHYD

Holidays for Children with Disabilities



## ORCHYD Request for Financial Assistance Form

Please complete the details below to provide ORCHYD Trustees with information about the child/organisation and the product or service for which the financial request is to be considered.

ORCHYD Reference number: ORC2020 / \_\_\_\_

Name of Applicant.	DOB
Address	Sponsor*

### SPONSOR'S DETAILS

Name		Organisation	
Address		Email address	

1. Please tell us about the applicant.

2. Please tell us what you need and why.

3. Please tell us how this funding will help.

4. Please tell us what you have done and what is left to be done.

[www.orchyd.org.uk](http://www.orchyd.org.uk)

Registered Charity Number: 1072239

Registered Charity Address: 18 St Catherines Road, Ruislip, Middx, HA4 7RU

5. Please tell us how you will use the funds.

\*The name of person completing application on behalf of the applicant.

Has Financial help been requested from ORCHYD before? **Yes** / No (January 2020)

Please return this form to ORCHYD Registered Address or your ORCHYD contact

**Notes for completing the application form.**

1. Please tell us about the applicant.

Please tell us something about the applicant's background, activities, health and physical needs. There should be a clear link between the needs of the child and the funding that you are requesting. You may wish to use evidence from professionals to support your statement.

2. Please tell us what you need and why.

Describe what the applicant's need(s) are and why you think it is a problem. Describe what the applicant is not able to do because these need(s) are unmet.

3. Please tell us how this funding will help.

Please describe what difference having the funds to meet these need(s) will make to the applicant. Demonstrate how meeting this need is a positive step.

4. Please tell us what you have done and what is left to be done.

Please describe what options you have considered, what you have done so far to meet this need and what outstanding tasks are left. State clearly the amount of funding that is required. Please attach evidence of the cost of equipment requested if appropriate.

5. Please tell us how you will use the funding.

Please state how this funding will be used to make a positive impact on the applicant's quality of life. Use this section to provide details of what the applicant will do with the funding provided.



Form adapted from NCVO Know How – Writing Funding Applications 2019

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