

**Butterflies Grant Application**  
**Parent/Carer's Form**

**Butterflies**



**Children's Disability Fund**

Registered Charity Number 269838

**1 About your child:**

First Names . . . . .

Surname . . . . .

Age  Date of birth . . . . .

Male/Female

Please give details of your child's condition/diagnosis

-----  
 -----

**2 About you: (this section should be completed by the main carer)**

First Names . . . . .

Surname . . . . .

Address . . . . .

. . . . . Postcode . . . . .

Telephone No. . . . . Mobile . . . . .

Email . . . . .

Relationship . . . . .  
 to child:

**3 Have you received anything from this charity before?** Yes   
 (the charity was previously known as "Earlybirds") No

**4 Reason for this request**

a What are you requesting the money for ? . . . . .  
 . . . . .

b How much does it cost? (please append quotes/details, if relevant) . . . . .  
 . . . . .

c How will this benefit the child/family?  
(Please continue on a separate sheet if needed)

-----  
-----  
-----  
-----  
-----

d How much are you asking from Butterflies?

-----

e Please provide the name, telephone number and Address of supplier (if not on quote)

-----  
-----  
-----

**5 Please give details of where you heard of the Butterflies Children's Disability Fund**

-----

**6 Data Protection**

All personal data is retained and processed in accordance with the principles of the Data Protection Legislation. No personal data will be shared without your prior consent.

Are you happy for us to contact you regarding publicity if your application is successful?

Yes  
No


Are you happy for us to contact you regarding things that may be of interest to you if your application is, or is not, successful?

Yes  
No


**7 Returns Policy**

Should your application be successful, we ask you to contact Butterflies when the item is no longer of use (for whatever reason) , We will then try and re-home it so that another child may benefit from it.

**8 Declaration - signifying that you have completed the form accurately and that you have acknowledged our Data Protection statement (6) and Returns Policy (7)**

The application should be signed and dated by the child's main carer. It also needs to be countersigned by a relevant professional who understands the needs of the child and family e.g. Occupational Therapist, Physiotherapist, Speech and Language Therapist ( see p3)

Signature:	Date:
------------	-------

Butterflies Grant Application  
Countersignature Form



I have looked at the application for (name) .....

I agree with the application for (equipment, course etc.)  
.....

for the following reasons  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**Countersignature**

Signature ..... Date .....

Name .....

Position/Role .....

Email ..... Telephone .....

**Please return your application to:  
Butterflies, 6 Coniston Crescent, Weymouth, Dorset DT3 5HA**