

CINDERELLA GROUP APPLICATION 2015

Our Ref: G/

THIS IS AN APPLICATION FORM FOR FINANCIAL ASSISTANCE FOR A GROUP HOLIDAY (HOLIDAYS ABROAD OR IN TERM TIME WILL NOT BE CONSIDERED)

PLEASE NOTE THAT GRANT BENEFICIARIES MUST BE RESIDENT WITHIN THE GEOGRAPHICAL BOUNDARIES OF East Lancashire, North East Cheshire, North West Derbyshire.

PLEASE NOTE THAT THE CHARITABLE PURPOSE OF THE CINDERELLA FUND IS TO PROVIDE CONVALESCENT OR RECUPERATIVE HOLIDAYS FOR SICK AND CONVALESCENT CHILDREN LIVING IN SOCIALLY DEPRIVED AREAS FROM AN UNDERPRIVILEGED BACKGROUND

INTRODUCTION:

Completing this form is not a guarantee that assistance will be provided.

You will be informed in writing at a later date how much grant aid, if any, has been approved.

By completing the application form, you are agreeing on behalf of your group/organisation to abide by the terms and conditions of funding.

Grants are not approved retrospectively, and it is a condition of the grant that our **Report form** is completed and submitted after the holiday has taken place.

INFORMATION about your group/organisation and the proposed holiday:

Please answer every question.

1. Name of Group/Organisation: _____

Tel: _____ Email: _____

Address: _____

2. Name of Project (if different): _____

Tel: _____ Email: _____

Address: _____

3. Contact Name: _____

Tel (daytime): _____ Email: _____

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4. How long has your group been formed? _____

Has your group/organisation only been formed to run this holiday?

(answer YES or NO)

5. Please give names and addresses of the following:

a) Chairperson/Headteacher: _____

Tel: _____ Email: _____

Address: _____

b) Applicant: _____

Tel: _____ Email: _____

Address: _____

Details of proposed holiday:

6. Where are you going? (If you know precisely please say. If not, say what general area you are going to).

7. What type of accommodation will you book? (If you have made a provisional booking already, please give details).

8. How will you travel to/from your holiday destination and travel around whilst on holiday?

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9. When will the holiday be? (give dates, or approximate time if not yet known).

10. How long will the holiday be?

11. What types of activities will the children be involved in whilst on the holiday?

12. How many children will go? (approximately)

13. From what area(s) will the children be drawn? Please provide post codes where possible.

14. What are the ages of the children?

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15. State below why this holiday is necessary.

Some description of significant circumstances is necessary which would include family backgrounds and the social and economic character of the area. Please give any further details. The trustees reserve the right to make any independent enquiries they may think advisable.

16. How many responsible adult helpers will be going?

(It is expected that there will be a minimum of one helper to eight children, taking care to ensure appropriate male/female ratios are provided).

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17. DBS Checks

It is essential to have in place a system of police checks on adult helpers who do not have parental responsibility for a child/children going on holiday. Please confirm that you do this. (Please note that any grant will be conditional on the trustees being satisfied that adequate procedures are in place. You may wish to contact Manchester City Council - Social Services Department, who would be able to advise on such procedures).

The costs of the holiday towards which you can apply for a grant:

18. Claim for other expenses.

You can apply for money to meet some or all of the following expenses:

- a) Travel costs
- b) Accommodation
- c) Insurance
- d) Other costs (please specify)

Total costs
£

Total: £

19. Please state how much you are applying for from the Cinderella Fund:

£

20. Will you be charging families (or others) to send children/families on your holiday?

If you will, please give details of how much and what this is for.

21. Has an application for funds been made to any other trusts/charities?

If so, please state which, and with what result.

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22. What amount of cash, if any, has been raised by yourselves and by what method?

23. Please state the body to which a cheque should be made payable.
(THIS CANNOT BE AN INDIVIDUAL).

Signatures:

To the best of our knowledge, the information provided in this application is correct, and we agree to keep to the terms and conditions stated should any grant aid be provided. We understand that the completion of this form does not guarantee that any funding will necessarily be approved.

We also agree to contact the Secretary of the Cinderella Fund concerning any changes to the details provided in this form.

Signed on behalf of the Group/Organisation: _____

Chairperson's/Headteacher's Name _____

Signature: _____

Date: _____

Applicant's Name: _____

Signature: _____

Date: _____

PLEASE ALSO ENCLOSE A COPY OF YOUR LATEST ACCOUNTS WITH YOUR APPLICATION

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Please ensure ALL questions have been FULLY answered.

The completed application form and accounts should be returned with a STAMPED ADDRESSED ENVELOPE to

**Cinderella Fund
The Charity Service Ltd
St Thomas Centre
Ardwick Green North
Manchester
M12 6FZ**

An electronic version of this application form can be downloaded from The Charity Service website at www.charityservice.org.uk or please email Enquiries@charityservice.org.uk stating Cinderella Group Application Form Request.