

# Access Fund Parent/Carer/Practitioner application form

## Disabled Children and Young People

### Child or young person's details

Name ..... Date of Birth .....

Address .....

Postcode ..... Telephone .....

### Details of the child or young person's disability

.....  
.....

### Parent or Carer details

Name .....

Relationship to child or young person .....

Address ..... Postcode .....

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

It's open to any disabled child or young person living in Newcastle aged 0 - 18 years (inclusive) and who meets **at least one of the following** criteria:

Is the child or young person in receipt of higher or middle rate Disability Living Allowance (DLA)?      Yes       No

Is the child or young person subject to a Statement of Special Education Need or School Action Plus?      Yes       No

If yes, name of school: .....

Does the child or young person have in place a Common Assessment Framework (CAF)?      Yes       No

If yes, date CAF completed ..... CAF registration number .....

Contact details of lead professional or key worker .....

Activity identified and details of service provider (for example, horse riding/swimming and name of organisation )

How will this application for funding help?(for example, will buy equipment /pay for tutor to take part)

How will this short term grant help towards longer term community involvement for the child, young person (for example, more people will be able to join in)

How will the child or young person benefit? (for example, will be able to take part for the first time or gain more confidence / independence)

Child or young person's view:

Parent or carer's view:

What are you asking for and what does each part cost? (for example 10 sessions at £35 for tutor = £350, plus £150 equipment plus £40 transport)

Total cost of application (above costs added together)

£

Could the activity still go ahead if full amount is not awarded?

Yes

No

If not the parent or carer, please put your details here

Name .....

Relationship to child or young person .....

Address .....

Telephone number ..... Email Address: .....

If successful we will need to know how you would like to receive your award:

For cheque we need name of account holder .....

If BAC s tick here  we will be in touch for bank details

By signing below, you are confirming that the information provided is complete and accurate and that the parent/ carer (and child or young person if appropriate) has given consent for this application to be made. You are also agreeing to give feedback in the future.

Signature .....

Print Name .....

Date .....

**Please return this form no later than midday 30 March to:**

Barbara Cage  
Information and Communications Manager  
HealthWORKS Newcastle  
The Health Resource Centre  
Benwell, Newcastle upon Tyne, NE4 8BE

or email it to: [barbara.cage@hwn.org.uk](mailto:barbara.cage@hwn.org.uk)

**The Access Fund**  
Supporting Activities for  
Disabled Children and Young People

## Monitoring Form

Gender of child or young person  
please tick the appropriate box

male

female

Ethnic origin of child or young person  
please tick the one that describes your child or young person

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Caribbean                  | <input type="checkbox"/> African                    | <input type="checkbox"/> Indian        |
| <input type="checkbox"/> White & black African      | <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Bangladeshi   |
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> White Asian                | <input type="checkbox"/> White British |
| <input type="checkbox"/> White Irish                | <input type="checkbox"/> Any other white background | <input type="checkbox"/> Pakistani     |
| <input type="checkbox"/> Any other black background | <input type="checkbox"/> White and black Caribbean  | <input type="checkbox"/> Chinese       |
| <input type="checkbox"/> Any other ethnic group     | <input type="checkbox"/> Do not wish to say         |  |

Information regarding the child or young person's disability additional needs  
Please indicate any of the following, which applies to your child

	Mild	Moderate	Severe	Not applicable
Physical Disability				
Learning Disability				
Physical Illness				
Language disorder				
Behaviour difficulties				
Sight Impairment				
Hearing Impairment				
Autistic Spectrum Disorder * requires extra care for their age E.g. feeding, toileting, moving & assisting				

## Grant Conditions

1. Funds allocated from the HealthWORKS Access Fund shall only be used for the purpose for which they are approved. Any change of purpose must be agreed in writing by the Grants Panel. Failure to comply with these conditions could put future funding at risk and where necessary appropriate action will be taken to recover funds inappropriately used.
2. The person seeking grant aid must be prepared to comply with grant conditions detailed in this document, and to any other conditions HealthWORKS or City Council may deem reasonable to impose.
3. Provision must be made for up to date accounts to be kept, and for those accounts to be audited annually, by a competent person independent of the organisation.
4. The person shall be prepared, on request, to report back to HealthWORKS Newcastle (on behalf of City Council) on the implementation of the project for which the grant was made. This may include a breakdown of how grant was spent, backed up by copies of relevant receipts
5. If an Organisation ceases to provide a service the organisation shall notify HealthWORKS Newcastle and the City Council of the same and if so requested return any equipment or unspent grant.
6. Where there is a breach of any of these conditions the HealthWORKS Newcastle (on behalf of the City Council) reserves right to claim back any equipment or grant aid.
7. That the person involved attends an end of fund network event to showcase the activities or benefits achieved through this grant

### Declaration

I confirm that the information contained in this application is true and correct .I also confirm that I have read and understood the grant conditions set out in this document .

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Name of organisation: \_\_\_\_\_

Position in organisation: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete this form and return it no later than midday 30 March to:**

**Barbara Cage, Information and Communications Manager**  
**HealthWORKS Newcastle, the Health Resource Centre, Adelaide Terrace, Benwell,**  
**Newcastle upon Tyne, NE4 8BE**  
[barbara.cage@hwn.org.uk](mailto:barbara.cage@hwn.org.uk)

**Data Protection Statement;** The information provided by you on this form will only be used for purposes registered under the Data Protection Act 1984