

IMPORTANT: PLEASE COMPLETE THIS APPLICATION FORM AS FULLY AS POSSIBLE IN BLOCK CAPITALS. PLEASE DO NOT LEAVE ANY BOXES BLANK, IF THE QUESTION DOES NOT APPLY TO YOUR GROUP THEN WRITE N/A IN THAT BOX. WE EXPECT YOU TO HAVE READ AND ACCEPTED OUR TERMS AND CONDITIONS AS APPLICATIONS CANNOT BE CONSIDERED OTHERWISE. IF YOU HAVE ANY QUESTIONS DO NOT HESITATE TO CONTACT US SO WE CAN HELP YOU THROUGH THE PROCESS.

SECTION ONE: Contact Details *(Please supply any leaflets of information you have about your organisation)*

Name of organisation:

(I.e. Charity, special needs group, etc) If a charity, please provide your Registration No:

Main contacts name:

Address:

Postcode:

Phone Number: Mobile:

Fax Number: Email:

Website: Preferred contact method:

SECTION TWO: Details of proposed daytrip *(Please supply any leaflets or information you have available on the proposed destination)*

Proposed Destination:

Proposed Date:

Reason for Daytrip: *(Please provide a brief summary, or continue on the additional information page at the end)*

SECTION THREE: Funding Required *(You are expected to provide quotations for all expenses to support this application)*

Travel: Entrance Fees:

Food/Drinks: Souvenirs:

Miscellaneous: (Provide details of any miscellaneous costs below)

Total Funding Required:

Notes: *(Please provide a full explanation and breakdown of all the costs applied for above including individual Entrance Fees or confirmed group discounts etc)*

Have you organised special group discounts:

Do you need to confirm the tickets in advance to secure the discount?:

If so, what date do you need to book by?:

SECTION FOUR: Transport & Additional Details *(Please supply the contact details and a quote from the coach company you propose using)*

Company Name:

Contact Name: Phone Number:

Have you used the company before? Y N *(Please tick appropriate box)*

Wheelchairs Users:

Are any of the children confined to a wheelchair?: Y N *(Please tick appropriate box)*

If yes, please indicate how many children:

How many of these children would require specially adapted transport facilities:

Fast Track Applications: *(Wherever possible applications for daytrips involving children with life limiting illness will be expedited)*

Are any of the children within the group suffering from life limiting conditions?: Y N *(Please tick appropriate box)*

If yes, please indicate how many children:

SECTION FIVE: Children and Key Carers (Please provide details of any children with disabilities and key carers attending the proposed trip. If full names are not known at this stage then you can give expected numbers on the following page, however we would need a completed list before the trip goes ahead. Groups must consist of a minimum of 8 children with special needs. All non-essential adults or siblings must be listed on the following page)

	Name of Child	Age	Diagnosis	Name of Key Carer
1:				
2:				
3:				
4:				
5:				
6:				
7:				
8:				
9:				
10:				
11:				
12:				
13:				
14:				
15:				
16:				
17:				
18:				
19:				
20:				
21:				
22:				
23:				
24:				
25:				
26:				
27:				
28:				
29:				
30:				
31:				
32:				
33:				
34:				
35:				
36:				
37:				
38:				
39:				
40:				
41:				
42:				
43:				
44:				
45:				

Diagnosis Notes: *(Please clarify the full name of any rare conditions or abbreviations you might have used in the listed Diagnosis of each Child)*

--

Non-Essential Siblings or Adults (Self Funding):

(Please provide details of all non-essential adults or siblings attending the proposed trip. All of the following names are expected to be self funding, however additional funding will be considered where exceptional circumstances are applicable)

	Name of Non Essential Adult or Sibling (Self Funding)	Age (Children only)	Related to / Accompanying
1:			
2:			
3:			
4:			
5:			
6:			
7:			
8:			
9:			
10:			
11:			
12:			
13:			
14:			
15:			
16:			
17:			
18:			
19:			
20:			
21:			
22:			
23:			
24:			
25:			
26:			
27:			
28:			

SECTION SIX: Summary

Numbers of children with special needs you are applying for:

Number of accompanying 'Key Carers':

Number of non-essential adults (self funding):

Number of siblings (self funding):

TOTAL NUMBER OF PEOPLE ATTENDING THIS DAYTRIP:

Number of children who will benefit by age:
(Please write the appropriate numbers in each box)

5-8 9-12 13-16 17-21 OTHER

If there are extenuating circumstances why you feel we should provide funding for the other non-essential adults and siblings please tell us here:

If we are unable to assist with funding will the proposed daytrip still go ahead? Y N *(Please tick appropriate box)*

If you have ticked yes, if we were able to assist with funding what would you do with the money you have saved?

Have you applied for funding for this trip from other sources? Y N *(Please tick appropriate box)*

If yes, please provide us with full details:

Daytrippers Feedback:

Have you applied for funding from Daytrippers before? Y N *(Please tick appropriate box)*

Please can you give details about how you heard about Daytrippers Charity?

Daytrippers always welcomes feedback so if you have any suggestions or comments on how we can improve the application process please give details below:

TERMS AND CONDITIONS:

1. Applications will only be considered for children and/or young people up to the age of 21 years and who have a disability (as defined in the Disability Discrimination Act 1995), life limiting or terminal illness.
2. Daytrippers is a non-denominational charity and operates an equal opportunities policy, the terms of which are attached.
3. Daytrippers will only fund up to the agreed amount which is based on the specified expenses detailed on your application form.
4. Under no circumstances will Daytrippers consider funding for staff salaries or expenses.
5. Daytrippers will only consider applications from groups with a minimum of 8 children with disabilities.
6. Only the children with disabilities and the essential key carers will be funded. Any additional adults or siblings travelling with the group will be expected to be self funding however additional funding will be considered where exceptional circumstances are applicable.
7. All applications should be accompanied with reasonable quotations for your requested funding (which may include coach hire, train tickets, entrance fees etc). If your trip requires transport please contact your County Council first, as they often have transport fleets (Coaches and mini-buses) at the most competitive prices. In the case of food and souvenirs, an indication of the cost per head must be supplied.
8. Daytrippers will only consider application forms submitted 2 weeks or more prior to the proposed date of the trip.
9. Where funding allows Daytrippers aims to fund a maximum of 2 trips per organisation per year.
10. If any amendments are made to the proposed trip after Daytrippers have pledged funding then we must be informed immediately as this may affect the funding. These can include changes to the names or numbers of children attending, the proposed destination or date of trip, etc.

Following the daytrip, Daytrippers will require the following information before reimbursement will be issued:

- a. An invoice on your organisations headed paper detailing the total money spent on the trip and our agreed donation towards it. Evidence of monies spent must be provided to support the invoice. Monies will not be reimbursed unless such proof is provided. Photocopies of receipts will be accepted. Please also include your BACS details for payment.
- b. A register of the children who went on the daytrip, if different from the original application. Please include the name, age and diagnosis of each child.
- c. Personal accounts of daytrips ("testimonials") from children and/or young people are to be provided to Daytrippers as proof of your trip. Testimonials MUST consist of PHOTOGRAPHS (with group photos most desirable) of the outing and statements from the children expressing how they felt about the trip. This will help raise awareness of Daytrippers cause and further vital funding. The testimonials may be used for publicity purposes such as being published on our website, leaflets, brochures etc. No child's name will be publicised without your prior written consent. Please confirm you consent to the use of testimonials by completing the sentence below.
- d. A completed Daytrippers feedback form, this can be downloaded from our website.

I do / do not * consent to the use of testimonials for publicity purposes (**delete as applicable*)

If Daytrippers do not receive all the requested information within 8 weeks of the date of the trip, then we reserve the right to withdraw the agreed funding and reallocate it to an alternative group.

By signing below you are agreeing to our terms and conditions and consent to being responsible for supplying us with information that we require to complete this application. You also confirm by signing that all the information you have provided in the application is true and accurate in all respects.

Signature.....

Print Name.....

Date.....

Equal Opportunities Policy:

Daytrippers is committed to achieving equality of opportunity as a provider of funding for day-trip services for children and young people up to the age of 21 years who have a disability, life limiting or terminal illness. Daytrippers is committed to the active pursuit of an equal opportunities policy in providing funding for daytrips. In considering Applications for funding therefore, Daytrippers aims to ensure that no child and/or young person or group of children and/or young people (as the case may be) receive less favourable treatment on the grounds of gender, sexuality, race, colour, ethnic origin, religion, class, marital or parental status or appearance.

Additional Information / Continuation Page:

PLEASE SEND YOUR COMPLETED APPLICATION FORM AND SUPPORTING DOCUMENTS TO DAYTRIPPERS BY:

ADDRESS: Daytrippers, 36 Great Pulteney Street, London W1F 9NS

EMAIL: enquiries@daytrippers.org.uk

FAX: 020 7758 0050