

Funding Application Questionnaire

Name of Child		
Date of Birth		
Address		
Telephone Number	Home	
	Mobile	
E mail Address		
Is the application being made by the parent or a third party? Please tick as appropriate	Parent	
	Third Party	
If the application is being made by a third party please explain why and confirm that the equipment is to be used by the child named above only.		



Please describe your child's disability	
It is a requirement of	Ref. 1 details and profession
the organisation that	
two references are	
provided, highlighting	
the reason for the	
equipment / funding.	
Could you please attach	
the references with this	Def 2 details and profession
application? We as an	Ref. 2 details and profession
organisation do not	
make decision as to the	
suitability of	
equipment, this must	
be provided by a medical professional.	
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Please explain how the	
requested equipment will benefit the child	
and the family, will it aid the advancement of	
health for the child?	
nearm for the child?	



Does the applicant have the means to contribute toward the cost of the equipment? and if so, how much? Is this equipment available to the applicant through the NHS or similar? If so, please explain why funding is required	Yes / No (please delete)	
What is the value of the funding required? Please attach documentation of quotes for any equipment required		
Do you consent for Friends of Alfie Johnson to use photo/video for media purposes such as promotion/publication, inc Facebook/Twitter, website and leaflets (please tick as appropriate).	I am happy that Friends of Alfie Johnson are using photographs of my child for media purposes such as promotion, publication including facebook, twitter, Friends of Alfie Johnson website and Friends of Alfie Johnson leaflets and brochures	
	I do not consent for my child's image to be used	
By signing this application, you are accepting that should your child receive the requested equipment, any title to this equipment passes to you, therefore any costs incurred from damage or wear and tear are your responsibility and no further costs will be incurred by the Friends of Alfie Johnson. Likewise, any warranties should be applied for by yourselves on receipt of the goods. Should you require a copy of the invoice please email the Friends of Alfie Johnson, or write to us at the address shown below.		



Signature of applicant	
Relationship to the Child	
Date of Application	

Could you please ensure that you provide the two references along with any quotes that you have received when making this application.

Please send your completed application to info@friendsofalfiejohnson.org.uk