



THE LORD'S TAVERNERS

Scheme endorsed by:

RGK

Wheelpower

Add logos

Giving young people, particularly those with special needs, a sporting chance

SPORTS WHEELCHAIR APPLICATION FORM
Patron : Dame Tanni Grey-Thompson DBE

Please return your completed form to:
Head of Foundation, The Lord's Taverners, 10 Buckingham Place, London, SW1E 6HX

The questions in this application form allow us to gather information we need to decide whether to fund your project. The form must only be completed by a recognised sports club, relevant sports body or school. We do not accept forms from an individual.

Please write clearly in block capitals using black ink or type.

SECTION 1 - Contact details of Project requesting Sports Wheelchairs

Form with fields: Name of Project Applying for the Sports Wheelchair, Address of Project, Correspondence Address if different, Name of Correspondent, Position, Telephone Day, Fax, Mobile, Email Address, Registered Charity, Registration Number, Date established.

SECTION 2 - FUNDING

Details of the schemes offered by The Lord's Taverners are shown below. Please tick the option that meets your needs.

Form with two columns: Multi-sports wheelchair and Bespoke wheelchair. Includes details on specifications, costs, and funding options.

Do you have your self-help in place? Yes / No	Do you have the outstanding funding in place? Yes / No
Please provide details of your fundraising activities:	
Have you approached your Local Authority or applied to another source for assistance with funding? If yes please give details, including date of application and outcome:	

**SECTION 3 – To be completed if applying for stock wheelchairs**

Please state for what sport do you require the wheelchair(s) and the quantity required (maximum five)?		
Basketball?	Tennis?	Other?
Where will the chairs be stored?	What is the age range of the users?	
Please provide details of the scheme for which you require the stock multi-sports wheelchair(s)? These chairs are not for use by an individual.		

**SECTION 4 – To be completed if applying on behalf of an individual**

Name of individual to benefit from wheelchair:	
Address of Individual	Date of Birth:
Postcode	Age in years:
Telephone Day:	Email Address
For what sport is the chair required?	How long have they been playing sport?
Please give a resume of the individuals sports participation to date:	

## SECTION 5 –General

Have you applied to The Lord's Taverners before?      Yes / No	Was your application successful?      Yes / No
If Yes, what was the date(s) of your application(s)?	How much did you receive?
For what purpose was the grant(s) awarded?	

## SECTION 6– Confirmation and Signature

Please supply a set of your latest annual accounts. Please provide any additional information to support your application on a separate sheet.

We hereby agree that to our knowledge the above information is correct and that we adhere to the guidelines set out by The Lord's Taverners.

Signature	Position Held
Print Name	Date