**

**INDIVIDUAL SPORTS WHEELCHAIRS- APPLICATION FORM**

**Please return your completed form to:** [**foundation@lordstaverners.org**](mailto:foundation@lordstaverners.org)

**Before you complete your application, please consider the following:**

1. All applications must be typed
2. Applications will be accepted from schools/ organisations/clubs that cater for young people under the age of 25 who have a physical/ sensory/ learning disability. We are unable to support schools that cater for socially disadvantaged children or mainstream schools for children with behavioural problems. Please refer to the Disability Discrimination Act 2010 if you are unsure whether you meet our criteria.
3. All sections must be completed with as much relevant detail as necessary
4. Any incomplete application will be automatically **REJECTED**
5. Applications will be accepted from clubs who have been running for a minimum of 6 months
6. Grants are valid for a period of **30 days** after the approval letter
7. You cannot reapply for funding within two years of receiving a grant
8. Unsuccessful applicants must wait 12 months to reapply
9. **If you are awarded a grant you must:**

* Be available for a potential monitoring visit by LT, or a project visit by any funding partners
* Credit support from The Lords Taverners on materials related to the funded work, using the correct logo (available on request)
* Complete a monitoring report about the project within six weeks of completing your grant, and no later than 13 months after receipt of grant

1. Lord’s Taverners reserve the right to reclaim the sports wheelchair(s) if within five years of receiving the wheelchairs the club disbands or the individual receiving the chair stops playing sport.
2. Applicants are required to provide details of two referees who can be contacted for a reference. One referee must be linked to sport.

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**Please return your completed form to:** [**foundation@lordstaverners.org**](mailto:foundation@lordstaverners.org)

**Before emailing the application form please ensure:**

* **You have read through the guidelines**
* **The case for support is completed by the individual**
* **Details of two referees are included**
* **ALL SECTIONS OF THE APPLICATION FORM ARE COMPLETED**

**This application should be completed by the individual requiring a sports wheelchair**.

If the applicant is under the age of 18 years then the form must be completed by a parent or guardian

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| **SECTION 1 – Contact details** | | |
| Name of person making the application: | |  |
| Contact Address:  County: Postcode: | | Relationship to wheelchair user: |
| Telephone Day: | | Telephone Evening: |
| Mobile: | | Email Address: |
| Name of individual who will benefit from wheelchair: | | |
| Address of Individual if different from above:  County: Postcode: | Date of Birth: | |
| Age in years: | |
| Telephone Day: | Email Address: | |
| Please provide details of the individual’s disability and when it was diagnosed: | | |
|  | | |
| Please provide details of the impact the disability has on the individual’s daily life and sporting life: | | |
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| Please give details about the type of school the individual attends and sports activities the individual is offered within the school: | | |
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| **SECTION 2 – Sporting activity** | |
| Please give a brief background of the individual’s sports participation and achievements to date: | |
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| For what sport is the chair required? | How long have they been playing sport? |
| What sports club do they belong to? | How long have they belonged to the club? |
| How often do they attend training sessions? | How long are the training sessions? |
| To what standard do they play? | |

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| **SECTION 3 – Funding towards an individual multi-sports wheelchair** | | |
| I confirm that I am applying for a wheelchair from the following supplier and can confirm that I am able to make the self-help contribution shown below: | | |
| **RGK Wheelchairs supply a standard specification Club Sport multi-sports wheelchair which can be used for grass roots basketball and racket sports. The only options offered are a choice of colour and size. The applicant is required to make a self-help contribution of £350 towards the cost of the wheelchair.** | **Roma supply a standard specification Rugby wheelchair. The only options offered are a choice of size. The applicant is required to make a self-help contribution of £700 towards the cost of the wheelchair.** | **Bespoke Sports Wheelchair. The individual can apply for a tailor-made chair to enable them to train and compete at a higher level. The Lord’s Taverners will contribute 50% of the cost to a maximum of £1,200. The application must be accompanied by a suppliers quote. The funds will be paid direct to the supplier upon delivery of the chair to the applicant.** |
| □ RGK – self-help contribution £350 | □ Roma – self-help contribution £700 | □ I am applying for a grant of £……………. |
| Do you have the self-help contribution in place? Yes / No If No, when do you anticipate it being available? | | |
| How do you intend to raise the funds or how have you raised them? | | |
| Please outline why you are unable to fund the cost of the whole chair directly? | | |
| Have you applied to another source for assistance with funding? If Yes, please give details, including date of application and outcome: | | |
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| **SECTION 4 – General – please complete all relevant questions** | | | |
| Why is the individual applying for a sports wheelchair? | | | |
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| What significant impact do you think having the sports wheelchair will make to the individual? | | | |
|  | | | |
| What are the individual’s future aspirations for the sport they are playing? | | | |
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| Where will the wheelchair be stored? | | | |
| How did you hear about funding for the Lord’s Taverners? | | | |
| Received support previously: Yes / No | Website: Yes / No | | Event: Yes / No |
| Member: Yes / No | Word of Mouth: Yes / No | | Another Organisation: Yes / No |
| 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? | |
| How often has this sports wheelchair been used? | | | |
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| What is going to happen to the old sports wheelchair? | | | |
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| **SECTION 5 – Case for support**  In their own words please tell us why the individual feels they would like a sports wheelchair. This can be handwritten, include drawings, pictures or any other relevant information. | | | |
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| **SECTION 6 – Referees**  Please provide details of two people who we may contact to obtain a reference to support your application and who can verify the information that you have supplied. One referee must be linked to sport governing body e.g. CSP, GBWBA etc | |
| Referee One | |
| Name: |  |
| Contact Address:  County: Postcode: | Connection to the applicant: |
| Telephone Day: | Telephone Evening: |
| Mobile: | Email Address: |
| Referee Two | |
| Name: | |
| Contact Address:  County: Postcode: | Connection to the applicant: |
| Telephone Day: | Telephone Evening: |
| Mobile: | Email Address: |

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| **SECTION 7 – Presentation and Photographs** |
| Should your application be successful, would you agree to a presentation? Yes / No |
| Are you agreeable to have photographs taken and for the Lord’s Taverners to use them for publicity purposes? Yes / No |

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| **SECTION 8 – Confirmation and Signature** | |
| Please provide any additional information to support your application on no more than one sheet of A4.  I 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:** | **Relationship to Child:** |
| **Print Name:** | **Date:** |

Registered Charity: 306054 / Company Number: 582579

Updated: January 2018