**Therapy Funding - Application Form 2015**

Support4SDR Wales raises funds to help families pay the costs of private therapy and training before and after SDR surgery. The amount of funding we are able to distribute will vary each year depending on how much money we raise and the number of applicants. The allocation is likely to be around £250 per applicant, but this may vary depending on the costs of the therapy specified. Funds will be allocated to all eligible applicants on a first-come-first-served basis and any eligible applicants not receiving funds in the first year will be prioritised in further funding rounds. The therapy or training provider will be required to send an invoice to Support4SDR Wales to receive payment.

If you wish your child, or yourself, to be considered for funds to cover a block of therapy please complete Part A below, which includes your contact details and information about you or your child. Please also fill out Part B about the aims of the therapy or training that you have chosen.

Please also ask your chosen provider to complete the form at Part C. This is to ensure that all necessary insurances, qualifications and checks are in place. If your therapy provider has completed one of these forms recently (within a year) they should indicate this and need not complete it again unless anything has changed.We will keep all information strictly according to data protection rules and not share any information with any third party under any circumstances.

In signing this application form you are also agreeing to complete a questionnaire after your training or therapy so that we can collect information on outcomes and the progress made. This will help us to meet our success criteria as a charity and thus to apply for more funds on your behalf. Filling in a completion form is a condition of future funding. All information on outcomes will be anonymised.

**Part A - Contact Information**

Applicant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name(s) (where applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Address\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*\*NB. to secure funding the applicant must be resident in Wales*

Phone contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paediatrician or consultant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Health Board:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\*\* of SDR surgery, or planned date (as applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\**Please include a copy of an acceptance letter or other form of evidence that you or your child has had, or been accepted for, SDR.*

Form of cerebral palsy (e.g Spastic diplegia, quadriplegia etc):\_\_\_\_\_\_\_\_\_\_\_\_

Gross Motor Function Classification Score (GMFCS\*\*\*) if known:\_\_\_\_\_\_\_\_\_\_

*\*\*\*If you are unsure please see http://motorgrowth.canchild.ca/en/gmfcs/resources/gmfcs-er.pdf*

**Part B - Aims of therapy or training**

Proposed therapy provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of the therapy/training, including numbers of hours and timeframe:

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Costs of therapy - please indicate the total cost of a block that you would like to book, or costs per session, as relevant:

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Has your child, or have you, worked with the therapy/training provider before?

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What is the child/adult expecting to achieve as a result of the therapy/training?

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Please also indicated how, if anything, you hope that this training will contribute towards your/your child’s well-being:

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Signature of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Part C - Therapy/Training Provider information**

Support4SDR Wales is a registered charity and is distributing fundraised money. The Trustees are not in a position to, and make no claims to authorise or approve any therapy or training providers but need to be confident that the providers have insurances, stated qualifications and checks in place.

If you have completed one of these forms and provided information within the last year and nothing material has changed, please indicate this here (with approximate timing) and you need not complete another form

Please give a brief description of the therapy/training you provide, and your experience of working with adults/children who are pre or post SDR surgery. NB. This is for information only - having specific SDR experience is not a necessary condition of receiving funding from Support3SDR Wales:

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Please include copies of:

* Professional registrations or qualifications
* Copy of DBS Form
* Evidence of insurance

Contact details:

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web address (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once completed please send a copy by email to sdrwales@gmail.com. If you do not have an electronic signature we will email a postal address to which you may send a signed copy.