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## TINY TIM TRUST – APPLICATION FOR FUNDING

When completed please return this form with supporting evidence to:

The Tiny Tim Trust  
Mrs J Anderson (Secretary)  
4 Gilbert Avenue  
Walton  
Chesterfield  
S40 3EU  
Or email to: tjanderson564@gmail.com

01246 236890

**PLEASE READ CAREFULLY  
AND COMPLETE ALL  
BOXES AS INDICATED**

### 1. Applicant's details

Child's name:

Address:

Postcode:

Email address:

Age:

Name of Mother:

Name of Father:

Telephone Number:

Date of Birth

Age of other children at home: / / / / /

### 2. Description of applicant's needs

### 3. Reason for application



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#### 4. Details of equipment or resources

Estimated cost of funding (including VAT)	£
Amount from other sources	£
Amount requested from Tiny Tim Trust	£

Please include quotes/estimates/illustrations.

5. This application form **must be supported** by someone who is involved in a relevant professional capacity with your child, for example: Occupational Therapist, Social Worker, HeadTeacher, Specialist Teacher, Educational Psychologist, Child Psychologist, Physiotherapist or Community Paediatric Nurse. This is not a complete list and the Trust may need to contact this person for further information.

Name:	Profession:
Contact Address:	
Telephone Number:	
Email address:	

#### 6. Supporting Information

Please state if parent(s) or guardian also has special needs

May we pass your telephone number to the supplier in order to expedite delivery if necessary? YES/NO

#### 7. Declaration

**I have read the details included in this application and I endorse it for funding.**

Signature:	Date:
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**To the supporting professional:**

**Please return to the Secretary at the address above when the item(s) has/have been received:**

**I confirm that ..... (name of child)**

**Received the item(s)**

**Requested on ..... (date).**

**Signed: .....**

**Profession: .....**

**Date: .....**