



www.tinytimtrust.org.uk

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	Telephone Number:
Email	Date of Birth
Name of Mother	Age
Name of Father	
Ages of other Children	

2. Description of applicant's needs

3. Reason for application



www.tinytimtrust.org.uk

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:

Address

Telephone Number:

Email Address

6. Supporting Information

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.

E - Signature:

Date:



www.tinytimtrust.org.uk

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: