General Grant Application Form

Version: 1.0
Effective from: August 2026
Review date: August 2027

Welcome

Thank you for your interest in applying to Make Them Smile Children's Trust.
We understand that caring for a child with a disability, serious medical condition or additional needs can be challenging, both emotionally and financially. Our aim is to provide practical support that improves the quality of life for children and their families.
Every application is considered individually by our trustees. We assess each request on its own merits, taking into account the child's needs, the expected benefit of the support requested, the family's circumstances and the charity's available funds.
Our trustees are committed to ensuring that every application is considered fairly, respectfully and confidentially.

Before You Begin

Before completing this application, please ensure you have the following available where applicable:

☐ Medical evidence confirming your child's condition or additional needs.
☐ Details of the support or equipment being requested.
☐ A quotation or estimate for the item or service, where available.
☐ Proof of household income or benefits.
☐ Three months of recent bank statements.
☐ Details of any professionals involved in your child's care.
☐ Permission from the parent or legal guardian if you are completing this form on behalf of a family.

Completing this Form

Please complete every section as fully as possible.
If a question does not apply, please write "Not Applicable" (N/A).
Incomplete applications may be delayed while further information is requested.
Submission of an application does not guarantee that funding will be awarded.
All information provided will be treated in strict confidence and processed in accordance with UK data protection legislation.

Sections

1. Applicant Information
2. Child's Details
3. Support Requested
4. Medical Information
5. Family Circumstances
6. Financial Information
7. Supporting Documents
8. Declaration

Section 1 – Applicant Information

Who is completing this application? *(Please tick one.)*
This helps us understand your relationship to the child or young person and ensures we contact the correct person if we need any further information.

☐ Parent
☐ Legal Guardian
☐ Foster Carer
☐ Family Representative
☐ NHS Professional
☐ Social Worker
☐ School / Education Professional
☐ Charity or Support Organisation
☐ Other _____

Applicant's Full Name

Relationship to the Child or Young Person

Organisation (if applicable)

Job Title (if applicable)

Correspondence Address
(Home address or work address, as applicable)

Postcode

Telephone Number

Email Address

Preferred Method of Contact
☐ Telephone ☐ Email ☐ Either

Section 2 – Child's Details
Please provide details about the child or young person for whom support is being requested.

Child's Full Name

Date of Birth

____ / ____ / _____

Home Address
(If different from the applicant's correspondence address.)

Postcode

Does the child live at this address permanently?
☐ Yes
☐ No
If No, please provide details:

NHS Number (if known)

Name of GP Surgery

Name of Hospital or Hospitals Attended

Consultant or Lead Healthcare Professional

School, Nursery or Educational Setting *(if applicable)*

Does the child have an Education, Health and Care Plan (EHCP)?
☐ Yes
☐ No
☐ Assessment in progress
☐ Not applicable

Does the child currently receive Disability Living Allowance (DLA) or Personal Independence Payment (PIP)?

☐ Yes

☐ No

☐ Application pending

Section 3 – Support Requested

Please tell us about the support you are requesting and how it will benefit the child or young person. The more information you can provide, the easier it is for our trustees to understand your application.

What support are you applying for?
(Please describe the equipment, service or assistance being requested.)

What is the total cost of the item(s), equipment or support requested?

If known, please attach a quotation or estimate.

Who will be supplying the equipment or service? *(If known.)*

Please explain why this support is needed.

How will this support improve the child's quality of life, independence, wellbeing or safety?

Has funding been requested from any other organisation for this item or service?

☐ Yes

☐ No

If Yes, please provide details:

Organisation: _____

Amount requested: £ _____

Outcome (if known): _____

Is this request urgent?

☐ Yes

☐ No

If Yes, please explain why:

Has the child previously used or trialled this equipment or service?

☐ Yes

☐ No

☐ Not Applicable

If Yes, please provide details:

Section 4 – Medical Information

Please provide details of the child or young person's medical conditions, disabilities or additional needs. This information helps our trustees understand how the requested support will benefit the child.

Please list the child's diagnosed medical conditions, disabilities or additional needs.

How do these conditions affect the child's daily life?
(For example, communication, mobility, personal care, learning, behaviour, safety, sleep or social interaction.)

Please tell us about any professionals currently involved in the child's care.
(For example, Consultant, GP, Occupational Therapist, Physiotherapist, Speech and Language Therapist, Community Nurse, Social Worker, Hospice, or other professionals.)

Is the child currently receiving any therapies or specialist support?

☐ Yes

☐ No

If Yes, please provide details:

Are there any risks to the child's health, safety or wellbeing if this support is not provided?

☐ Yes

☐ No

If Yes, please explain:

Please provide any additional information you feel would help the trustees understand your child's needs.

Section 5 – Family Circumstances

Please tell us about your family's circumstances. This information helps our trustees understand the challenges you are currently facing and the impact the requested support would have on your family.

Who lives in the family home?
(Please include parents, guardians, siblings and anyone else living at the address.)

Please tell us about your family's current circumstances.
(For example, caring responsibilities, financial pressures, housing, employment, transport, or any other factors you feel are relevant.)

Please explain why this support cannot be funded by your family without assistance from Make Them Smile Children's Trust.
This may include the impact of caring responsibilities, reduced income, increased household costs, travel expenses, specialist equipment, or any other factors affecting your family's ability to meet this cost.

Have you previously received support from Make Them Smile Children's Trust?
☐ Yes
☐ No
If Yes, please provide brief details (if known):

Is there anything else you would like the trustees to know when considering your application?

Section 6 – Financial Information
To ensure that our trustees can make fair and informed decisions, we ask all applicants to provide details of their household finances.

We appreciate that discussing finances can be difficult.
This information helps our trustees ensure that our limited charitable funds are distributed fairly and to families most in need.
All information is treated in the strictest confidence and is only used to assess this application.

Please provide details of your total household income.
Please include all sources of income received by every adult living in the household.
This may include employment, self-employment, pensions, Universal Credit, Child Benefit, Disability Living Allowance (DLA), Personal Independence Payment (PIP), Carer's Allowance, maintenance payments, tax credits and any other regular income.
*Please indicate whether the amounts you provide are **weekly**, **four-weekly**, **monthly** or **annually**.*

Is anyone in your household currently receiving benefits?

☐ Yes

☐ No

If **Yes**, please list the benefits received:

Please provide details of your household's total monthly outgoings.
This may include your mortgage or rent, council tax, utility bills, food, travel, insurance, childcare, loan repayments and any other regular household commitments. You do not need to provide an itemised budget, but please give an approximate monthly total.

Total monthly outgoings: £ _____

If there are any unusually high or exceptional expenses relating to your child's care, please provide details below.

Are there any exceptional financial commitments or additional costs relating to your child's care that you would like the trustees to consider?
(For example, frequent hospital travel, specialist diets, therapies, additional heating, equipment, or adaptations.)

Supporting Financial Documents
Please enclose copies of the following where applicable:
☐ Three months' recent bank statements
☐ Proof of earnings (if employed or self-employed)
☐ Recent benefit award letter or Universal Credit statement
☐ Other supporting financial information (if applicable)

Section 7 – Checklist Before Submission
Before submitting your application, please ensure you have completed all relevant sections and enclosed the supporting documents applicable to your application.

I have completed:
☐ All relevant sections of this application form.
☐ I have signed the declaration.

I have enclosed (where applicable):
☐ Medical evidence confirming the child's condition.
☐ Quotation(s) or estimate(s).
☐ Three months' recent bank statements.
☐ Proof of income and/or benefits.
☐ Professional reports or assessments.
☐ Any other supporting information.

Is there anything you have been unable to provide at this stage?

Section 8 – Declaration
Please read the declaration carefully before signing this application.

I confirm that, to the best of my knowledge, the information provided in this application is complete and accurate.
I understand that:
Make Them Smile Children's Trust may request further information or supporting documents before the application can be considered.
The charity may contact the applicant, parent or legal guardian, and relevant professionals involved in the child's care, where permission has been provided.
Providing false, misleading or incomplete information may result in the application being declined or any offer of support being withdrawn.
Submission of this application does not guarantee that funding or support will be awarded.
Any support awarded must be used only for the purpose approved by the trustees.
Where appropriate, Make Them Smile Children's Trust may purchase equipment or services directly from the supplier rather than making a payment to the family.
The trustees' decision will be final.

Data Protection
I understand that the information provided in this application, including personal, financial and medical information, will be used to assess the request for support.
The information will be stored securely and handled in accordance with UK data protection legislation and Make Them Smile Children's Trust's Privacy Policy.
Information will only be shared where necessary to assess or administer the application, where permission has been given, or where the charity is legally required to do so.

☐ I confirm that I have read and understood the declaration above.
☐ I consent to Make Them Smile Children's Trust using the information provided to assess and administer this application.

Applicant's Declaration

Applicant's Full Name

Signature

Date
____ / ____ / _____

Parent or Legal Guardian's Consent

This section must be completed if the application has been prepared by a professional, organisation, family representative or anyone other than the child's parent or legal guardian.

I confirm that I am the child's parent or legal guardian and that I give permission for this application to be submitted on the child's behalf.

I consent to Make Them Smile Children's Trust contacting the applicant and relevant professionals involved in my child's care where this is necessary to assess or administer the application.

Parent or Legal Guardian's Full Name

Relationship to the Child

Signature

Date

____ / ____ / _____

Returning Your Application

Please return the completed application form and supporting documents by email to:

trustees@makethemsmile.org.uk

Or by post to:

Make Them Smile Children's Trust
The Hive
St James Square
Grimsby
North East Lincolnshire
DN31 1EP

Please keep a copy of the completed application and any supporting documents for your records.