

Application Pack



Helping Little Stars Shine Bright

Enriching the lives of children
who are disadvantaged either through
poverty, disability or terminal illness.

9 Colmore Court, Colmore Row, Birmingham. B3 2BJ

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The Boparan Charitable Trust is a company limited by guarantee and is registered in England and Wales under company No. 06852304
Registered Charity No. 1129992

Application Guidelines.



We fully welcome all applications. However, please be aware that children must live within England and Wales and under the age of 18.

Written confirmation and proof of the child's condition will be needed in order to process your application. This must be provided by an independent professional body, such as a social worker or doctor.

***Within the independent assessment they must state how the child will directly benefit from the request.**

***Applications for non specialist equipment must be accompanied by 3 independent quotations.**

The Boparan Charitable Trust will not pay directly into a personal account.

Please find below a list of things we **DO NOT** fund:

- Donations to other charities
- Ongoing appeals
- Holidays
- Help with legal costs
- Reimbursements of funds already paid out
- Administration or salary costs
- Accommodation costs
- Faith healing
- Dolphin therapy
- Music therapy
- Alternative therapy
- Garden equipment
- Fencing
- Computer consoles e.g: Nintendo Wii
- Sofas/ settees
- PC's or Lap tops (unless designed for children with special needs)
- I pads/ipods
- Televisions/DVD players
- Portable DVD/TV players
- Repayment of loans
- Hot tubs
- Private School fees
- Lease or purchase of cars
- Home renovations
- Home adaptations (unless in special circumstances)
- Funeral Services
- Non medical body and face enhancements (unless in exceptional circumstances)

The Trustees treat each application as sensitively as possible and reserve the right to request further information as and when needed.

Please Note: This list is subject to change at any point and The Boparan Charitable Trust reserves the right to decline an application.



Application Form

Please read the 'Application Guidelines' before filling out this form. Failure to fully complete this form and provide necessary documents may delay your application.

STAGE1: The Child

Name of Child: Date of Birth:

Address:

..... Postcode:

Details of disability/illness:

.....

..... How long have they had this condition?.....

STAGE 2: The Family

Name of Applicant: Relationship to Child:

Name of Parents/Guardians:

Address:

..... Postcode:

Do the Parents/Guardians cohabit? If not please provide additional address:

Address:

.....

Postcode:

Daytime Telephone No: Mobile No:

Email Address:

Names dependant children:

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.....

Age of dependant children:

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.....

*FOR OFFICE USE ONLY.



STAGE 4: Financials

In order for us to process your application, we require a breakdown of the household's financial situation. **Please fill out all details below.** Failure to do so will result in your application not being assessed.

Monthly Income:

Employment: £..... Is this figure combined income? Yes No

Disability Living Allowance: £..... RATE: Hi Medium Low Benefits: £.....

Monthly Carers Allowance: £.....

Other (Please state).....£.....

TOTAL MONTHLY INCOME: £.....

Monthly Expenditure:

Rent/Mortgage: £..... Council Tax: £..... Water/Electric/Gas: £.....

Car expenses (car, tax, insurance) £..... Household sundries, e.g. food: £.....

Multimedia: Telephone, Mobile, TV, Sky, Internet: £..... Loans: £.....

Other (Please state).....£.....

TOTAL MONTHLY EXPENDITURE: £.....

Have you fundraised to part fund your request? Yes No

If so, how much have you raised? £.....

Do you have plans for future fundraising? Yes No

If so, how much do you hope to raise? £.....

STAGE 5: Legal Claims

Have you received any compensation by way of legal claim in regards to your child's condition? Yes No

If yes please specify amount received: £.....

Are you currently pursuing a legal claim in regards to the child's condition? Yes No

If yes to either of the above legal questions, please provide details below:

.....
.....
.....
.....
.....Please continue on a separate sheet if necessary.....



STAGE 6: Publicity

Please tell us how you heard about The Boparan Charitable Trust?

.....

“Help us, to help you!”

The Boparan Charitable Trust hopes to help as many children as possible and to do this we may want to use your story and photographs to raise awareness for our cause. This way we can spread the word of the charity and encourage other families to apply for much needed help.

★ Yes, I/we are willing to help with publicity, so other families can benefit too.

★ No, I/we are not willing to help with publicity.

Checklist

- Written confirmation of child’s condition by a professional independent body. E.g. Medical consultant or social worker etc.
- Fully completed application form.
- Three independent quotes (*if relevant to your request.)
- A photograph (if you ticked yes to publicity.)

Agreement

Please be aware The Boparan Charitable Trust may contact you at any point to clarify the information provided.

DECLARATION:

Although this application can be completed by a supporting member of the child, this must be signed by the parent/legal guardian to validate information given.

All the details that I/we have provided within this application are correct and true to the best of my knowledge. I fully understand that failure to disclose the correct information will invalidate my application.

Signed:.....

Name (printed):..... Date:/...../.....

THANK YOU FOR COMPLETEING THIS FORM. PLEASE RETURN TO:

The Boparan Charitable Trust.

APPLICATIONS DEPARTMENT.

9, Colmore Court,
Colmore Row
Birmingham.
B3 2BJ.

*If you would like to speak to a member of staff in relation to your application, please call: 0845 078 6634.