Zak's Wish

FUNDING APPLICATION

Section 1 – Personal Information

1) Full name of applicant Name of young person	
2) Date of birth of young person	
3) Gender of young person	
4) Address of applicant Hospital address if applicable	
5) Parents/ Carer / Guardian full name Please provide photo ID	
6) Parent/ Carer / Guardian contact number	
7) Parent / Carer / Guardian email address	
8) Relationship to young person	

Section 2 – Medical Information

9) Does the applicant have a diagnosed medical condition or disability? Please circle YES or NO. If YES, please provide proof: DLA/PIP/hospital letter	YES	NO

10) Is this condition life limiting? Please circle YES or NO. If YES, please provide proof: DLA/PIP/hospital letter	YES NO
11)Does the applicant have an educational health care plan? (EHCP). Please circle YES or NO	YES NO
12) If the applicant does not have an EHCP are they in the assessment process for an EHCP? (Educational Health care plan) Please circle YES or NO (if you circled YES on Q11 please circle NA)	YES NO NA
13) If you answered NO on Q11 and Q12 please provide further details on why no EHCP is in place or progress:	
14) Does the young person receive DLA or PIP? (Disability living allowance or personal independence payment). Please Circle YES or NO	YES NO

Section 3 – About the applicant

15) Briefly describe the interests, hobbies and activities that the young person enjoys:	
16) How would the funding contribute to the enhancing of the young person's life and wellbeing?	
17) Are there any specific items or experiences that the young person has expressed interest in? (e.g. equipment, outings etc.) Give 3 preferences, (please be advised that although every effort will be made to accommodate your preferences, it may not always be feasible to fulfill all three of your stated desires).	

Section 4 – Additional Information

18) Is there any additional information you would like to share about the young person's needs or circumstances that may be relevant to the application.	

Declaration and signature

I certify that the information provided on this application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the rejection of this application.

Signature: _____ Date: _____

Thank you for applying to Zak's Wish. We will review your application and be in touch via the contact details provided in the first section of this form. If you have any questions or need further assistance, please contact us at; applications@zakswish.co.uk or call us on 07919 284394. (Please note that we can only accept calls between the hours of 9am and 5pm, we do not accept calls on Sundays).