

Application Form (Family)



Jasper's Smile is a charity who provides support to children with disabilities and their families. Our mission is to help provide support by:

- Purchasing things such as, but not limited to: beneficial equipment, therapies, adapted toys, days out & more for children with disabilities
- Funding days out, treat days, respite & more for parents/carers & siblings
- Offering local support groups/meets

WHILST MOST CHARITIES ARE MEANS TESTED, WE LOOK AT EACH INDIVIDUAL CASE REGARDLESS OF FINANCES

PLEASE NOTE: WE ARE CURRENTLY ONLY ABLE TO PROVIDE SUPPORT FOR UK RESIDENTS.

About You

This section is about you: Spouse, parent, carer, professional, family, etc.

Who are you applying for? (Parent, sibling, etc)	
Title:	
First Name:	
Last Name:	
Full Address: (Including postcode)	
Telephone Number:	
Email Address:	

AS A CHARITY, PUBLICITY IS HUGEY IMPORTANT FOR OUR FUNDRAISING. WE WOULD LOVE TO SHARE SUCCESS STORIES & PHOTOS WITH OTHER FAMILIES ON HOW JASPERS SMILE HAS HELPED.

DO YOU GIVE CONSENT FOR JASPER'S SMILE TO USE YOUR STORY ON SOCIAL MEDIA & IN FUTURE PUBLICATIONS?

YES: ☐ NO: ☐

ARE YOU HAPPY TO SHARE AN IMAGE OF YOURSELVES FOR JASPER'S SMILE TO USE ALONGSIDE YOUR STORY ON SOCIAL MEDIA & IN FUTURE PUBLICATIONS?

YES: ☐ NO: ☐



Who You're Applying For

This section is about the person you're applying for

First Name:	
Last Name:	
Full Address: (Including postcode) If different from above	
Parent/Carer Contact Details: (If not above)	
Age:	
Please tell us more about why you're applying for this person:	



Your Application

This section is about what you're applying for: Please include any links for treatments, days out, trips, respite, etc. (PLEASE SEE LIST BELOW OF THINGS WE CURRENTLY CAN'T HELP WITH)

Please let us know what it is you'd like to apply for (Please provide links where possible):	
Please let us know the cost:	
Please explain why this would benefit the person:	

CURRENTLY WE ARE UNFORTUNATELY UNABLE TO HELP WITH THE FOLLOWING:

- BUILDING WORK/HOME RENOVATIONS
- MEDICAL TREATMENT
- HOUSEHOLD BILLS/DEBTS
- SPENDING MONEY
- ON-GOING CHILDCARE/RESPITE
- PURCHASE OF/TOWARDS A CAR
- DRIVING LESSONS
- REIMBURSEMENT FOR AN ITEM ALREADY PURCHASED



References

This section is for references: We require at least ONE references from someone else who knows this person.

PLEASE SEND WRITTEN OR EMAILED REFERENCES FROM EACH REFERENCER TO US ALONG WITH YOUR APPLICATION FORM.

Reference One

Name:	
Work Address:	
Contact Number:	
Email Address:	
Profession	
How long have you known this person?	