

Application Form



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: Parent/carer/professional to the child.

Title:	
First Name:	
Last Name:	
Full Address: (Including postcode)	
Telephone Number:	
Email Address:	
Relation To Child: (If Required)	
Profession: (If Required)	

AS A CHARITY, PUBLICITY IS Hugely 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 YOUR CHILD FOR JASPER'S SMILE TO USE ALONGSIDE YOUR STORY ON SOCIAL MEDIA & IN FUTURE PUBLICATIONS?

YES: ☐ NO: ☐



About The Child

This section is about the child you're applying for

First Name:	
Last Name:	
Full Address: (Including postcode) If different from above	
Parent/Carer Contact Details: (If not above)	
Please tell us about your child's diagnosis:	
Please tell us more about your child – likes, dislikes, what they enjoy or what challenges they face:	
Does your child receive additional support in school/nursery?	
Please let us know how your child's diagnosis has an impact on you & your family:	



Your Application

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

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

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 professional references: We require at least TWO references from your child's professionals. This can be: Consultants, Paediatricians, Physio, OT, SALT, Social Worker, etc.

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 worked with the child?	

Reference Two

Name:	
Work Address:	
Contact Number:	
Email Address:	
Profession	
How long have you worked with the child?	