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 financial

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:	
Date of Birth:	
Full Address (Including postcode):	
Contact 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**

First Name:	
Last Name:	
Date of Birth:	
Full Address (Including postcode) if different from 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 information/links about equipment, resources, therapies, days out, 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 child:	

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

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

Reference Two

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