**The Friends of the Special Nursery**

**Funding Application over £500**

Notes: All fields should be completed. Any field with an asterisk (\*) must be completed, as the application cannot be processed until this information is known.

If you are not the parent or guardian of the child referred to in the application you **MUST NOT** include any personal information that could be used to identify the child. Instead refer to the patient as, for example, ‘Child A’. Parents, guardians or other family members making an application are free to provide any information they feel is appropriate to support their application.

**Please tell us about the person making the application**

**\*Your Name:**

**Your Job Title:**

**\*Your Email:**

**\*Phone Number:**

**Mobile:**

**Your relationship to the child being applied for (or the children who will benefit):**

**Parent ☐ NHS Staff ☐ Other ☐**

**Other (Please specify):**

**Please tell us the child’s NHS (CHI) Number**

**\*Child’s CHI Number:**

*(Where applicable)*

**Please tell us about your application**

*(Please provide as much information as you can to support your application.)*

**Application Title:**

## Who will benefit from this funding?

*(If it isn’t clear from the application section above, please tell us about the child/children who will benefit from this. You should also highlight the positive difference this will make to the child/children and also highlight any benefits to the family/families of the child/children).*

## How will you assess the benefits if funding is approved?

*(Please give as much information as possible on how you plan to assess the impact of this funding)*

## Any further comments?

*(Please tell us anything else you feel will support your application here)*

## Have you ever been involved in any fundraising for The Friends of the Special Nursery?

## Application details

**\*How much funding do you require: £**

**\*Are there any recurring costs you want us to pay for: £**

**\*Is ethical approval required? YES / NO**

**\*When will the project commence:**

## Declaration

**\*Please confirm that all the information given is correct to the best of your knowledge at the time of submission: YES / NO**

\*If you are not an NHS employee we may need to request the support of the child’s consultant or lead healthcare professional. Please provide contact details for that person here:

**Name:**

**Email address:**

**Phone Number:**

## Confidentiality

In some circumstances we may ask you to complete a confidentiality form allowing us to discuss this application with the NHS or the child’s family. If that is the case then we will send this to you to complete once your application has been reviewed.

## What to do next?

Please email this form to info@archiefoundation.org.uk. We will acknowledge receipt within one working day and give you a reference number starting with the letters ‘FSN’. You should quote that reference number on all future correspondence relating to this application. If posting the form, please post to ‘FOTSN, C/O The ARCHIE Foundation, Royal Aberdeen Children’s Hospital, Westburn Road, Aberdeen, AB25 2ZG’

## Office Use Only

FSN Number:

Date application acknowledged:

Acknowledged by: