

Office Use Only:

**FOOTSTEPS  
FOUNDATION**

**Footsteps Foundation Grant  
Application Form**

1. About Your Child:

First Names

Surname

If known by another name please give details

Age

Date of Birth

Male / Female (*Please Circle*)

2. About You: (*This section should be completed by the main carer*)

First Names

Surname

Address

Telephone No'

Mobile No'

Email

Relationship to child

Marital Status (*Please circle*) Married/Co-habiting

Single Parent

Widowed

Divorced/Separated

3. About therapy at Footsteps: (*Your child must have had an assessment at Footsteps already*)

How many hours of physiotherapy will your child have per day?

How many Footsteps sessions are you applying for with this grant?  
(1x three week course = 1session)

What year will the therapy take place in?

How much will the total costs of this therapy be? £\_\_\_\_\_

How much money has been raised towards the therapy and who from?

Family £\_\_\_\_\_

Fundraising £\_\_\_\_\_

Other Sources £ \_\_\_\_\_ Grant requested From Footsteps Foundation £ \_\_\_\_\_

**Please note - Grants will be awarded according to need. Therefore the amount of money awarded will be a percentage of the full costs of therapy. Applications for a grant towards several blocks of therapy over the course of a year will be treated favourably.**

**Declaration** I confirm the information on this form is correct and complete to the best of my knowledge and belief. I understand that if I misrepresent or fail to inform you on any matter that may be of relevance to the grant application this will be in breach of this agreement and may result in any offer of a grant being withdrawn. I understand that no money will be paid directly to myself. I agree to abide by the conditions, as set out above, and those stated in the guidelines.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note the application cannot be processed unless signed and dated by the child's main carer.** Should you need more space for any of the questions please use additional sheets of paper.

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**Your Household Financial Details**

Name: .....  
Address: .....  
.....  
Name of child for whom the application is being made: .....

1. Do you receive Income Support?  
Yes  (Please include a copy of the letter that proves you receive income support)  
No

2. Has your family been granted Tax Credits?  
Yes  (Please include your most recent T CAN)  
No

3. Benefits (Per Month)

DLA	£
Child Benefit	£
Tax Credits	£

Carers Allowance	£
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4. Salaries/Wages (*Please include copies of wage slips and bank statement*)

Salary/Wages (YOU)	Weekly / Monthly ( <i>Circle</i> )	£
Salary/Wages (PARTNER)	Weekly / Monthly ( <i>Circle</i> )	£

If divorced/separated or single please tell us how much is contributed from other parent towards child. (*monthly basis*) £\_\_\_\_\_

5. Savings (*Please advise us of any savings you have*)

£
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6. Expenditure (Per Month)

Mortgage	£
Rent	£
Council Tax	£
Utilities (Gas, Water etc)	£
Loans	£
Credit Cards	£
Groceries	£
Car Payments	£
Car Insurance	£
Petrol/Diesel	£
Telephone	£

Other expenditure you think we should take into account:

	£
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	£
	£
	£
	£

7. Please give details of others who reside in the household:

Name	Age	Relationship to child

**Declaration** I confirm the information on this form is correct and complete to the best of my knowledge and belief.

Signed:  Date:

### Application Checklist

Have you completed the form as fully as possible? Include any other information you may feel relevant. Please use further sheets of paper if you need to.

- Have you completed the financial summary?
- Have you included proof of income?
- Have you included proof of income support, tax credits or pay slips where applicable?

I have read the included notes on completing the application form, and understand the terms and conditions.

Please note that if any of the above items are missing from your application this WILL delay the process.

**All incomplete applications will be closed six months after the date of receipt.**

**Please send your completed applications to:**

FAO  
The Trustees,  
Footsteps Foundation,  
7A The Green South,  
Warborough,  
Oxon  
OX10 7DR

**If you have any further questions please call 01865 858 382.**

**Please note that all information provided is strictly confidential and will only be handled by the Trustees of the Foundation.**

### **Footsteps Foundation Grant Terms and Conditions**

1. Applications for a grant can only be made following a Footsteps Consultation, and acceptance of your child onto the Footsteps Programme.
2. Sessions at Footsteps cannot be booked before your grant has been awarded. This could result in the loss of a deposit if funds cannot be awarded in time.
3. Application to Footsteps Foundation does not guarantee funds awarded.
4. Grants will be awarded according to need. Therefore the amount of money awarded will be a percentage of the full costs of therapy.
5. Any monies awarded from Footsteps Foundation will go directly to Footsteps LTD. No monies will be given to the family.
6. If any information provided on the grant application form to Footsteps Foundation is found to be incorrect, the application process will be frozen until the correct information is received.

Telephone 01865 858 382

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[www.footstepsfoundation.com](http://www.footstepsfoundation.com)

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