

WellChild



**HELPING HANDS
WE ARE HERE TO HELP**



GUIDANCE NOTES

Helping Hands undertakes one-off projects for families caring for a sick or disabled child/young person. It is our goal to assist as many families as possible who are in need of our assistance.

We appreciate the time and financial constraints that caring for a sick or disabled child/young person can place on a family; this is what has driven the Helping Hands project forward.

Please understand that although we aim to help as many families as possible, as an organisation we also have time and financial limitations. As a result we have established guidance notes to help us make a decision on which projects we should accept, and also to help families make sure they are not applying with little hope of being accepted.

Please take time to read the following notes, and if you then feel you are still able to benefit from the Helping Hands project then fill out the remainder of the form.

Your child must be between the ages of 1-18 (inclusive) living in the United Kingdom and have either a long-term health condition or disability, or life threatening or life limiting condition, which requires a high level of day-to-day care and support.

- The Helping Hands project must be shown to make a difference to your child's quality of life. The project will only undertake work, which will benefit your child and provide an environment/equipment designed for them. Unfortunately, this will not include facilities/equipment for parents or other family members unless it can be clearly demonstrated that your child will benefit.
- The intended project application must be to improve the property or garden, and NOT to simply provide equipment for use within the property or garden.
- Your child must not previously have had a similar request fulfilled by another charity or organisation within the last 18 months
- We will not consider projects that involve structural or heavy manual work
- We can only consider projects that ideally take 1 or 2 days work (unless otherwise agreed prior to application).
- The work has to be suitable for a team of unskilled volunteers.
- Your child should, if possible be involved in making decisions about the project and what it will provide.

PLEASE NOTE:

- Each application is assessed individually. The information above on what is needed to qualify for a Helping Hands project is subject to change at any time.
- It is important that all sections of the application are completed as this is what helps us understand if we can help you.



What you should know about the Helping Hands Application Form

The Form is divided into the following sections:-

- A. General details
- B. Medical details about your child
- C. Project Information
- D. About your property
- E. Application support
- F. Publicity
- G. Checklist

All information must be up to date and correct. If there are any changes to the information given then WellChild must be notified immediately.

Making your Application:

- Step 1:** As the parent(s), carer (s) or guardians(s) of the child/young person, you should make sure you complete as much of the form as possible.
- Step 2:** To support your application you will need to ask the appropriate person to complete section **E**,
- Step 3:** Please could you include a recent photograph of your child (this lets us put a face to a name). It is also helpful if you can send us photos of the potential project that you are putting forward.
- Step 4:** You should return the completed application to us at: **WellChild, Freepost NAT RRAY-AZGC-RETJ, Cheltenham, GL50 1BR** or in the freepost envelope provided. The Helping Hands Advisory Panel will consider all applications and if successful the Helping Hands Manager will be in touch to discuss your application further.
- Step 5:** If your application is successful you will then be required to sign the formal Agreement which we will send you.

PLEASE NOTE:

- We reserve the right to turn down a project if it does not seem suitable to be undertaken by our volunteers.
- Every effort is made to help as many families as possible; however, this is dependent on the type of work required and finding suitable volunteers to undertake the work.



HELPING HANDS PROJECT APPLICATION FORM

A - GENERAL DETAILS

Name of child/Young person.....

Date of Birth..... Female Male

Address.....

.....

Postcode.....

Mother's Name.....

Father's Name.....

Tel..... Mobile.....

Email

Is the child/young person living at the above address with both parents? Yes No

If **No**, which parent does the child/young person live with? Mother Father

1. Please list any other people not mentioned so far living at this address.

Name	Relationship to child	Age

2. How did you hear about WellChild Helping Hands?

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B - MEDICAL DETAILS

Please give diagnosis/details of your child's condition:

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When was your child diagnosed?.....

Please give further details of how your child is affected on a day-to-day basis by their condition:

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Please give details of any treatment your child receives

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Does your child require any special care or equipment? E.g. Wheelchair, walking aids, oxygen etc. If yes please give details:

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Please give details of any communication needs your child may have:

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C - PROJECT INFORMATION

What do you want Helping Hands to do, and how will it improve the life of your child? Please give as much detail as possible.

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If possible please could you give us some idea of approximately how long you think the project would take to complete

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Please give details of why this work has not been undertaken

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What equipment do you think we will need to complete the project? e.g. play equipment...

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If your application were successful, would you have any concerns about the Helping Hands project taking place?

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D - ABOUT YOUR PROPERTY

Are you the home owner of the property you live in?

YES ()

NO ()

If **NO**, who owns the property? E.g. local council:

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If permission is required to carry out any work on your property, please provide details of whom we can contact regarding this.

Name.....

Address.....

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Postcode.....

Tel no:

We are in regular contact with a number of charities, so please take this opportunity to tell us if you have had similar help before and with whom:

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E - APPLICATION SUPPORT

It is important to get as much information as possible to help us to make a decision about your application and so one or more of the following people involved in the care of your child will need to be approached to support your application. Please supply contact details of at least one of the following people and ask them to complete the following sections.

- 1. Paediatrician/Specialist ()
- 2. GP ()
- 3. Social Worker ()
- 4. Physiotherapist/Occupational Therapist ()
- 5. Nurse () (please tick as appropriate)

1. I can confirm that to the best of my knowledge that he/she (the child) is diagnosed has the specific condition stated in section B of this form: YES () NO ()

2. I can /cannot confirm that the proposed Helping Hands project will benefit the child. (delete as appropriate)

3. In your opinion what benefits do you perceive the proposed project having on the child:

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If I have any doubts or concerns regarding the Helping Hands project I shall communicate them in writing to the parent(s)/guardian(s) and to WellChild as soon as possible.

Signed.....

Print name.....

Address.....

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Date.....

Postcode.....

Tel No:

Fax No:.....

Email:.....



F - PUBLICITY

Although we are happy to keep details of Helping Hands projects confidential, publicity is very helpful to us. Local or national publicity can help raise awareness of WellChild and how we help sick children and their families. This also helps our fundraising, which is vital to continue the work that we do.

1. Would you be happy to let us use your story and/or any photographs for general WellChild written promotional use such as leaflets and information on our website?

YES () NO ()

2. Would you be happy to let us use your story for WellChild promotional by means of video footage for our website?

YES () NO ()

3. Would you be willing to talk to the national press/local news about your child and how the Helping Hands project is helping them?

YES () NO ()

PLEASE NOTE:

You would be contacted by a member of WellChild before any publicity takes place.
Your answers to these questions will not affect our decision about your Helping Hands application.

(Parents/guardians signature)

(Print Name/s)

Date



G - CHECKLIST

Please make sure you have completed and included the following before returning this application. Please tick all that apply

- A recent photo of your child and of the potential work
- Application support form has been signed by relevant person
- Publicity requests read and signed

I/We confirm that all information supplied to WellChild in connection with this application is true and correct and that no other applications have been made to another charity or organisation. I/we confirm by signing below that we have read and fully understand the contents of this agreement.

(Parent/Guardian Signature)

(Parent/Guardian Signature)

Thank you for taking the time to complete this form, we will do our best to make a decision on your application as soon as is possible. Once a decision has been made we will contact you.

