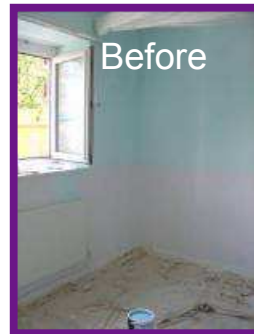




## HELPING HANDS - WE ARE HERE TO HELP



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

WellChild works with companies around the UK to find the voluntary support needed to complete these projects.

Projects take 1–2 days to complete and are intended to make a real and immediate difference to families who are unable to carry out projects of this size for themselves. This could be a garden makeover or a themed bedroom.

**Please take time to read the following notes. If you then feel you are able to benefit from the WellChild Helping Hands scheme then please 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 a 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. We can only undertake work which will benefit your child, providing an environment designed for them.
- Your child must not previously have had a similar request fulfilled by another charity or organisation within the last 18 months
- We are unable to consider projects that involve structural work
- We can only consider projects that ideally take 1 or 2 days work (unless otherwise agreed prior to application) as this is the usual amount of volunteer time available.
- The work has to be suitable for a team of unskilled volunteers.
- We are pleased to help improve the property or garden, but unfortunately cannot provide equipment (like swings, beds, toys etc..) unless the volunteer company is happy to fund this.
- Your child should, if possible, be involved in making decisions about the project and what it will provide.

## Help with completing the Helping Hands application form

If you have any questions about this form then please contact Lee Trunks, Helping Hands Project Manager on **01242 530007** or **[helpinghands@wellchild.org.uk](mailto:helpinghands@wellchild.org.uk)**

### The application process -

- Step 1:** As the parent(s), carer(s) or guardians(s) of the child/young person, please complete as much of the application form as possible.
- Step 2:** Please ensure you include photos of the potential project; applications will **NOT** be considered without supporting photos. Try to take at least 2 or 3 photos to give the panel an overall impression of the space needing attention; these are best emailed (if you have that facility) to: **[helpinghands@wellchild.org.uk](mailto:helpinghands@wellchild.org.uk)**.
- Step 3:** The completed application can be posted to us at:  
**WellChild, Freepost NAT RRAY-AZGC-RETJ, Cheltenham, GL50 1BR.**  
Alternatively you can email us at: **[helpinghands@wellchild.org.uk](mailto:helpinghands@wellchild.org.uk)**
- Step 4:** The Helping Hands Advisory Panel will consider all applications at a monthly meeting to see if applications require a visit by the Helping Hands Project Manager. A visit is just the next stage of the application process and does not guarantee a project will be accepted onto the scheme.
- Step 5:** Following a visit the panel will meet to discuss the Helping Hands Manager's findings; we will then contact you to inform you of the panel's decision at the earliest opportunity.

### Please note!!

- We reserve the right to turn down a project if it is not 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 requested and finding suitable volunteers to undertake the work.
- Helping Hands is not a quick fix option – we rely on corporate volunteers to complete projects and so no guarantee of how long it will take us to complete a project once accepted can be given.

# HELPING HANDS PROJECT APPLICATION FORM (Part 1)

## GENERAL DETAILS

Name of child/young person:.....

Date of Birth: .....

Female  Male

Address: .....  
.....  
.....

Postcode: .....

Mother's Name: .....

Father's Name: .....

**We will need to contact you so please provide the best numbers for this**

Home telephone: .....

Mobile: .....

Email: .....

**How did you hear about WellChild Helping Hands?**

Source: .....

Phone/address: .....

Email/website: .....

## MEDICAL DETAILS

Please give diagnosis/details of your child's condition and how this affects them on a day to day basis:

.....  
.....  
.....  
.....  
.....

## PROJECT INFORMATION

What do you want Helping Hands to do?

.....  
.....  
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.....  
.....  
.....  
.....

How will it improve the life of your child?

.....  
.....  
.....  
.....  
.....  
.....

## ABOUT YOUR PROPERTY

Are you the home owner of the property you live in?      YES ( )      NO ( )

If **NO**, who owns the property eg. local council, housing association, private tenancy:

Owner's name/details .....

Address: .....

.....

Postcode: ..... Tel no: .....

**Parent(s)/carer(s)/**

**guardian(s)**

**signature** .....

**Print Name(s)** .....

**Date** .....

**Have you:** Filled in all sections ( )  
Included photos of your room/garden ( )  
Included photos of your child ( )