Helping Hands application form

The WellChild Helping Hands scheme undertakes one-off home improvement projects across the UK, for families who are caring for children and young people living with a serious illness or complex care needs.

Our projects are completed over one or two days using a team of volunteers from a local company. They are intended to make a real and immediate difference to families who are unable to carry out projects of this size for themselves.

Our goal is to help as many families in need as possible, but limited resources mean we are unable to help everyone that we would like to. We have a thorough and fair application process to decide which Helping Hands projects we can accept but it is important that you provide as much information on the application form as possible to help us with this decision.

Are you eligible for a Helping Hands project?

Please complete the following questionnaire before filling out the application form. If you answer yes to one or more of these questions then it is unlikely that your application will be approved. Once you have completed this questionnaire, if you are still uncertain about applying then please contact the Helping Hands team on 01242 530007 for advice.

- Is your child older than 18
  
  Yes / No

- Does your child use another home as their main place of residence
  
  Yes / No

- Does your project involve structural work such as a loft conversion, moving a doorway or work needing a tradesman, such as a plumber or electrician
  
  Yes / No

- Is your property having, or due to have, any major adaptations or an extension that would affect us undertaking a project
  
  Yes / No

- Is your request solely for items or equipment to go into a bedroom or garden e.g. wardrobes, a bed, wind-chimes, a trampoline etc.
  
  Yes / No

- Is there an another way you could fund the project
  
  Yes / No

Answer the following if applying for a garden makeover:

- Can your child easily access and use local play areas and parks
  
  Yes / No

- If your child uses a wheelchair, do they have access to a suitable and flat outdoor space at your property
  
  Yes / No

- Can your child use the garden safely in its current condition
  
  Yes / No
Help with completing this form

If you have any questions about this form then please contact the Helping Hands team on 01242 530007 or helpinghands@wellchild.org.uk

The application process -

Step 1: As the parent(s) or guardians(s) of the child/young person, please complete the application form with as much information as possible – if you need assistance then a care worker/social worker or similar professional can complete it on your behalf.

Step 2: Please include photos of the potential project; applications will NOT be considered without clear and suitable colour photos. Try to take at least 4 or 5 photos to give the panel an overall impression of the space needing attention, please see photograph guidance notes on page 9 for more information. If possible we prefer them to be emailed to helpinghands@wellchild.org.uk.

Step 3: The completed application can be posted to us at WellChild, 16 Royal Crescent, Cheltenham, GL50 3DA or you can email it to helpinghands@wellchild.org.uk.

Step 4: The Helping Hands Advisory Committee (HHAC) consider all new applications at two meetings a year, held in September and March, to decide if a visit by one of the Helping Hands team is required. A visit is not an agreement to take on the project. It is to gather further information to help the panel make its final decision.

Step 5: Following the visit a second meeting of the HHAC will be held, these are in December and June, to decide if a project is to be accepted or not. We will inform you of the decision as soon as we can.

Please note!

- We reserve the right to turn down a project if it is not suitable to be undertaken by our volunteers.

- Being able to help depends on the type of work requested and finding suitable volunteers to undertake it.

- Helping Hands is not a quick fix option – we rely on volunteers to complete the project and finding them and arranging the project can take some time. We cannot guarantee how long it will take from us agreeing to take on the project until it's completed.
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: ........................................................................

Your home -

Is the child/young person living at the above address permanently? Yes □ No □

Please list the other people living at this address.

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<tr>
<th>Name</th>
<th>Relationship to child</th>
<th>Age</th>
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Medical details:

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

When was your child diagnosed? .................................................................

Please give details of any treatment your child receives:

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

Please give details of any communication needs your child has:
Project information:

What changes do you want Helping Hands to make to your home/garden and why are these changes needed? (The Helping Hands scheme mostly focuses on Bedrooms in the home, if you want help with another room other than your child’s bedroom it must be shown to have a direct impact on your child’s quality of life. We only undertake work which will benefit your child, providing an environment designed for them)

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How will it improve the life of your child?

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Why has the work not been completed before now?

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About your property:

How long have you lived at the property: ............................................................................................................

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

If the answer is NO then who owns the property? e.g. local council, housing association, private landlord:

Owner’s name: ....................................................................................................................................................
Address: ............................................................................................................................................................
..........................................................................................................................................................................
Postcode: ......................................................
Tel no: .........................................................
Email: ...........................................................
Website: ............................................................

Have you sought support with the proposed work from the property owner? If yes then what was their response?
..........................................................................................................................................................................
..........................................................................................................................................................................
..........................................................................................................................................................................

Please note we will need to contact the property owner to ask for their agreement to the project. If they do not agree we will have to decline the project.
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 support your application. Please ask them to complete the following section.

1. Paediatrician/Specialist ( )
2. Social worker ( )
3. GP ( )
4. Nurse ( )
5. Physiotherapist ( )
6. Occupational therapist ( )

(please tick as appropriate)

1. I can confirm that to the best of my knowledge that the child has the specific conditions stated in the medical section of this form: YES ( ) NO ( )

2. I can confirm that the proposed Helping Hands project will benefit the child in the following ways:

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: ............................................................
Postcode: ............................................................
Tel No: ............................................................
Email: ............................................................

WellChild will keep the information on this form securely and in confidence. By signing the form you are consenting to WellChild using the information and personal data it contains - or which is supplied by third parties or nominators - in accordance with the Data Protection Act 1998. Any sharing of your personal data will be consistent with our obligations under the Act, and it will be kept no longer than necessary. Information about your rights under the Act, including your right to see personal data which WellChild holds about you, is available from the Information Commissioner at www.ico.gov.uk.

We would like to keep you informed about the work that we do at WellChild. Please tick the box if you do not wish to receive this. ☐
Parent/Guardian Declaration

**Important** — Please note we will be unable to take your application to the next stage unless all these elements have been completed:

- Filled in all sections (   )
- Included clear photos of your room/garden (   )
- Included a photo of your child (   )
- Arranged for the application support section to be completed and signed by a relevant professional person (   )

**Declaration**
I/We confirm that all information supplied to WellChild in connection with this application is true and correct.
I/We confirm that you may contact the professional who completed the application support section (page 6), if necessary, for additional information or clarification.

If you complete the application using a pdf writer please print your name to confirm your agreement of the declaration.

**Parent(s)/guardian(s)**

<table>
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<th>Signature</th>
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<td>..........................................................</td>
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<tr>
<td>Date</td>
<td>..........................................................</td>
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Wherever possible WellChild likes to take into account the opinions of the children and young people it supports. If your child is able to understand and confirm their agreement to this application please ask them to sign below or you can sign again on their behalf.

**Childs signature** ..........................................................

**Date** ..........................................................

WellChild will keep the information on this form securely and in confidence. By signing the form you are consenting to WellChild using the information and personal data it contains - or which is supplied by third parties or nominators - in accordance with the Data Protection Act 1998. Any sharing of your personal data will be consistent with our obligations under the Act, and it will be kept no longer than necessary. Information about your rights under the Act, including your right to see personal data which WellChild holds about you, is available from the Information Commissioner at [www.ico.gov.uk](http://www.ico.gov.uk).

We would like to keep you informed about the work that we do at WellChild. Please tick the box if you **do not** wish to receive this. ☐
Photography guidance notes:

The committee have to make an initial decision about your application without visiting your property. It is really important that the photos you provide us with are suitable and give the panel with a good understanding of your garden/bedroom.

Below is a diagram of how we would like the photos to be taken in a standard shaped garden or bedroom. Please do not point the camera at the floor. Try to take shots that give us a good idea of scale and proportions of the area. In addition to these shots we would like photos of any areas you really want to highlight, for example, a section of particularly unsafe fencing.

Children’s photographs:

Please make sure that the photograph you provide of your child is suitable for us to use. If your application is accepted it will be used to promote the project to companies. Photos must be clear and please make sure that your child is adequately clothed and, where possible, looking into the camera.

Photos can be posted to us with the application or preferably emailed to: helpinghands@wellchild.org.uk, please provide the child’s name and date of birth in the subject line.