

Vaila's Travel Fund – Application Form

(To be completed by the organisation making application in accordance with guidelines)

To be eligible to apply applicants must meet at least one of the following criteria, AND be in financial hardship. Please check the statements that apply:

Qualifying criteria:

- Children suffering mental, physical or sensory disabilities
- Children suffering from behavioural and psychological disorders
- Children deprived of normal lives because of family circumstances
- Children living in areas of deprivation or stress, who are deprived of amenities generally available to other Children of a similar age group
- Children who are carers in the home

AND

- Families who are in financial hardship – please detail:

1 DETAILS OF CHILDREN IN APPLICATION (use separate sheet if necessary)

CHILD'S NAME (S)	DATE OF BIRTH	SEX		AGE
		M	F	
		M	F	
		M	F	

2. HOME DETAILS

NAME PARENT/GUARDIAN	
HOME ADDRESS	
POST CODE	

DATA PROTECTION: Here at Voluntary Action Shetland we take your privacy seriously and will only use your personal information to administer your account and monitor the quality of our service. Your personal details will only be shared with referring agents in relation to processing a Vaila Fund application, unless it is necessary to do so to comply with the law or with police investigations.

May we pass on your personal details to other VAS projects that could be able to offer additional support to you/your family? Yes No

- I have read the information above and can confirm the details are correct.
- I have read and understood and agree to the data-sharing notification.

Signed: _____ Date: _____
(parent/guardian)

3 FAMILY CIRCUMSTANCES

(Indicate as appropriate and expand overleaf if necessary)

With whom do/does the child/children live?	Parents	Lone parent	Relatives	Grand parents	Sibling	Alone
	Foster Care	Adopted	Other please give detail			
Details of travel						
Cost of travel	£			Amount requested	£	
Date of travel				Destination		

What is the funding required for and how will this experience of travel benefit the child?

SUPPORTING INFORMATION : Information to support this application: include a summary of the family circumstances, details of proposed travel, expected outcome for the child, and any other relevant information. You may send a letter or use a separate sheet if preferred.

The Vaila Fund cannot always provide 100% of travel costs. Would the family be able to contribute financially towards the travel? Are there any other sources of funding you could apply for? If this is for a school trip, can the school fundraise/contribute?

6 DETAILS OF THE ORGANISATION MAKING APPLICATION

ORGANISATION	
CONTACT NAME	
TITLE	
ADDRESS	
POST CODE	
TEL NO	
EMAIL	

7 BANK DETAILS FOR MAKING PAYMENT

Should you be awarded a grant from the Vaila Fund, payment will be made via Bank Transfer to the organisation applying (eg school, SIC etc). Payment will be referenced with 'VAILA GRANT'

BANK NAME	
NAME OF ACCOUNT	
SORT CODE	
ACCOUNT NUMBER	

DECLARATION BY THIRD PARTY

In making the application, I declare that I will be responsible for ensuring that:

- 1) Any grant awarded is used for the purpose for which it is given.
- 2) I will forward report on the benefits of the funding from the child to VAS, Market House, 14 Market Street, Lerwick, ZE1 0JP.
- 3) I understand that failure to return the requested report may require the monies awarded be returned to the fund.

PRINTNAME: DATE:

SIGNATURE:

APPROVED BY: (designated manager/Senior Social worker, etc)

PRINTNAME: DATE:

SIGNATURE:

- 1) Please check that all sections of the application form are completed. Incomplete applications will not be considered
- 2) By signing this form both the applicant and the agency representative agree to the information on the form (and on any attachments e.g. supporting letters) being stored in the Fund’s filing system and in summary on the Fund’s computer database and consent that a summary of any award and final report made will be passed on to the funders.

PLEASE RETURN COMPLETED FORM TO:

**Vaila Travel Fund
PRIVATE AND CONFIDENTIAL
Voluntary Action Shetland
Market House
14 Market Street
Lerwick, Shetland
ZE1 0JP**

Or email to: vas@shetland.org

Office use only

Ref No		Date Received	
Amount Requested	£	Amount Awarded	£
Authorised by (signature)			