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**Sophie’s Sparkle Package Application Form**

**Section 1 – Yours and your child’s details**

|  |  |
| --- | --- |
| Surname |  |
| First name |  |
| Address |  |
| Name of child |  |
| Date of Birth of Child |  |
| Landline |  |
| Mobile |  |
| Email address |  |
| Nature of child’s illness |  |

**Section 2 - Supporting Document**

Please provide a relevant document from your GP or other healthcare professional to support the application

|  |  |
| --- | --- |
| Name of GP/health professional |  |
| Address of surgery/hospital |  |
| Telephone |  |
| Email |  |
| Document (attached) |  |

**Section 3 – Payment Details**

If you are awarded a grant, it will be paid into your bank account. Please ensure that you complete your details as they appear on your bank statement

|  |
| --- |
| **Bank details: -**  Name of bank/ building society:  Account Name:  Account Number:  Sort Code: |

**Section 4 – How would you use the grant**

|  |
| --- |
| Please tell us what you are applying for and how this grant will bring a smile to your child’s face |
| How much are you applying for? (maximum £250) |
| Please give details, including where you have sourced approximate costs and estimates |

**Applicant Declaration**

Please read this section carefully. We are unable to accept an application if this section has not been completed. It will give details of how we will use the information you have provided in this form, and how we will store it.

Norfolk Community Foundation will record and retain the information on this application form on our database. The information will only be used to help review and administer the work of the Sophie’s Sparkle

Fund. For further information on how Norfolk Community Foundation uses and protects the information you give us, please read our Privacy Policy online at: [www.norfolkfoundation.com/privacy-policy](http://www.norfolkfoundation.com/privacy-policy)

* I confirm that I have read and understood the application information
* I confirm that the information I have provided in this application is correct
* I agree that I will spend the grant in the way I have described and will send in feedback and copies of receipts as required.
* I agree that if any information changes prior to an award being made I will notify Norfolk Community Foundation at the earliest opportunity.
* I agree to Norfolk Community Foundation contacting me three months after receipt of the grant and to provide feedback, and any photos or quotes that you wish to share with the Fund Holder (Sophie’s parents)
* I give permission for Norfolk Community Foundation to record the information provided in this form electronically and to contact me by telephone, e-mail or post in order to process this application.
* I understand that this application form will be shared with the appointed representatives who will form the decision-making panel.
* I understand that decisions of the decision-making panel are final.

|  |  |
| --- | --- |
| Signed: | Date: |

I give permission for Norfolk Community Foundation to record the information provided in this form and to contact me by telephone, email or post in order to process this application

Please complete and send this form together with the supporting document from your healthcare professional to [jodielancashire-clark@norfolkfoundation.com](mailto:jodielancashire-clark@norfolkfoundation.com) **or** post a copy to Norfolk Community Foundation, First Floor,Carmelite House, 2 St James Court, Norwich, NR3 1SL.

**What will happen next?**

Your application will be reviewed and checked to make sure it meets the eligibility. We will assess your application in line with the fund criteria and present to an independent panel for a decision. Once a decision has been made, we will write to you. If approved, you will receive a grant offer letter with the grant payment and information about any monitoring to be returned. If it is rejected, you will receive a rejection letter explaining the reason.

This information will be recorded and retained on our database for use by Norfolk Community Foundation only. We will not hold your data any longer than necessary and do not share any personal information with third parties. You can withdraw your consent for Norfolk Community Foundation to hold your personal data by emailing [**forgetme@norfolkfoundation.com**](mailto:forgetme@norfolkfoundation.com), however, we will still hold details of your financial donation. You can download our Privacy Statement which sets our details of how we manage our data at **www.norfolkfoundation.com/privacy-policy**

