



Abbie's Sparkle Foundation Information regarding Application for Support

You should complete this application if:

1. You are a parent/guardian who has a child age 18 or under, who is affected by cancer. In most cases we support a child who is affected directly by cancer but in some cases this may be a child who has a parent with cancer or a bereaved sibling.
2. You are a social worker or professional who is supporting a family in the above circumstances.
3. The family live in the UK.

How to apply

1. Print and complete the application form fully (please use block capitals)
2. Ensure the application form is signed by the parent or by the social worker, professional on behalf of the parent.
3. Ensure parents read the data protection statement and see our website for further information.
4. You can scan and return the form to abbiessparklefoundation@gmail.com
5. Or alternatively post to us at:

Abbie's Sparkle Foundation
5 Westerfolds Cottages
Duffus
Elgin
IV30 5RH

We generally process applications within 3 days of receiving the form.

We are happy to receive further applications if a family require on going support.





Personal Details

Name of Child:.....

Date of Birth:

Parent/Guardian Name:

Address:

.....

Tel No:

E-mail:

Please provide background information to assist with you application

Date of Diagnosis:.....

Diagnosis:

In Treatment In Remission Other (Give details below)

.....
.....

Tick the funding you are applying for

Gift Grant

Give details below of the gift you wish to apply for (please be as detailed as possible)

.....
.....





Give details below of how you plan to use the grant, if provided

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

Have you previously applied to Abbie's Sparkle Foundation for funding

Yes No

If yes please give details.....
.....
.....

Give details below of your CLIC Sargent social worker

Name of social worker:.....
Contact Tel No:
Hospital where based:

Do you give permission for further information to be obtained from your Social Worker to assist with your application (if necessary)

Yes No





Declaration

I understand that inappropriate or fraudulent use of Abbie's Sparkle Foundation will mean I am excluded from making any future applications to the charity.

I understand that Abbie's Sparkle Foundation accepts no responsibility or liability for loss, damage or injury incurred once gifts or grants have been given. Use of the gifts, funded days away or experiences are entirely at the applicant's risk.

Name:.....

Signature:.....

Date:

Data Protection

The information you provide in this form will be used solely for dealing with your application. Abbie's Sparkle Foundation has a Data Privacy Policy which can be found on the website. Your data will be stored and used in accordance with this policy.

Gifts and Funding are subject to availability and at the discretion of Abbie's Sparkle Foundation Committee

