 **BEN’S GIFT**

About the child

|  |  |
| --- | --- |
| Child’s full name Include if known as different name. E.g. Thomas but called Tom. |  |
| Child’s Date of Birth |  |
| Gender | Male/ Female |

The Family **(place where child lives)**

|  |  |
| --- | --- |
| Name of parent/ guardian | Mr/ Mrs/ Miss/ Dr/ other please specify  First name:  Surname: |
| Home address of parent/ guardian inc postcode |  |
| Landline of parent/ guardian |  |
| Mobile number of parent/ guardian |  |
| Does the child live with you at the address above? **YES/ NO** | Would the equipment you are applying for stay mostly at the above address? **YES/NO** |

The referrer **(if not parent/ guardian)**

|  |  |
| --- | --- |
| Full name of applicant/ referrer | Mr/ Mrs/ Miss/ Dr/ other please specify  First name:  Surname: |
| Full address of applicant/ referrer inc postcode |  |
| Contact number (Please specify name) |  |
| Alternative contact number |  |
| Your relationship with child |  |

Medical Information

|  |  |
| --- | --- |
| Child’s condition/ diagnoses |  |
| Name of child’s therapist, consultant or doctor (state their occupation) |  |
| Name & address of therapist/ doctor/ consultant  (if supplying more than one please state) |  |
| Email of the above (if known) |  |
| Telephone number of the above |  |
| Symptoms (How/what the condition/ illness restricts the child doing) E.g. \*Has weak muscles, therefore unable to stand. \*Unable to sit on a normal chair due to…. \*Unable to talk, but can communicate via….  Please list as much as possible to support your case. |  |

Equipment

|  |  |
| --- | --- |
| Equipment you are requesting |  |
| Would you be able to help fund this item? If so how much. |  |
| Have you received or registered for any equipment from other organisations or other means for this child? If so please state giving as much information as possible. |  |
| How did you find out about this equipment? |  |
| Do you know where this equipment can be sourced?  If so where? |  |
| What is the estimated cost? (Please attach quote if you have one) |  |
| How long would the equipment last the child? E.g would the child out grow it? Is it needed temporarily to help encourage development/rehabilitation. |  |
| State clearly with as much information as possible more information about the child: How the equipment will help, what it will mean to get it.  Please Include any previous or future operations or visits to hospital etc.  Please continue of a separate piece of paper if needed |  |
| **Would you be willing to donate this equipment back to Time Is Precious, if/ when the child outgrows it/it is no longer required?** **So it can be refurbished it for another child?** | **YES/ NO** |

\*All the information I give is true to the best of my knowledge.

\*I give my permission to Time Is Precious, to receive medical information about this child.

I, parent/guardian (insert your name)…………………………………………………………………………………….. Hereby give permission for therapist/ consultant/ doctor (insert their name below)

…………………………………………………………………… to release the required medical information regarding

(insert child’s name) ………………………………………………………………………………………

I give my permission for Time Is Precious to use photographs & information given about the child’s illness/ condition to promote TIP where possible. This maybe on social media, media (including papers, television etc), websites etc. (TIP, will not give over or release any child’s full name, or personal details including address, telephone number). Please tick

I agree to update Time Is Precious of the child concerned progress. Please tick.

I agree not to sell this equipment on once finished with it. Please tick.

I have read, understand & agree to the terms & conditions. Please tick.

Signed ………………………………………………………………. Date…………………………………….

If the referrer is not the child’s parent/ guardian the parent must sign below to agree to all the terms & conditions & understand all the information given is correct.

Parent/ guardian ………………………………………………………………….. Date ……………………………

Terms & Conditions

\*The form needs to be signed, dated & completed in full.

\*The form needs to be legible and filled out correctly on the request form or as agreed with TIP.

\*TIP- will not fund items that can/should be purchased by the NHS (medical equipment, except under the discretion of the Trustees).

\*Anyone can apply on behalf of the child. However, the applicant will have to get the permission of the parent/ guardian, with their signature on the request form (if this is difficult please contact us).

How requests decisions are made/ FAQs

\***Who makes the decision?** The decision of funding is made by the Trustees.

\***Do we need references?** We ask for at least one reference from the following: Occupational Therapist, Physiotherapist, Play Specialist, Specialised nurse i.e. CLIC nurse, Lifetime nurse etc), Doctor, Consultant, Teacher. (If you can provide more than one, then that will go towards your case. (if you have other specialists involved with your child, then please contact us to enquire).

**\*Why do we need references?** TIP, work closely with several health professionals. We usually seek their advice to ensure this is the correct equipment for the child. Therefore, if there is not enough proof to identify the child needing his equipment, we will ask you to provide more.

**\*When will we hear if we have been successful?** We endeavour to notify the applicants of the decisions within 3 weeks of the deadline. Reasons of decisions of items can be given if requested by the applicant.

**\*Who can apply?** Preferably we like the parent/ guardian to apply. However, in some circumstances we understand this is not possible. Therefore, any professional including teachers, health visitors, therapists or in some cases it maybe another family member or friend. (Although we will need parent/ guardian permission/ signature).

Our aim is to support as many children as we can within the Bath, Bristol area. Including: Somerset, Wiltshire.

**\*When can I apply?** No one know what is around the corner. We understand that children may need equipment at any stage of their life. Therefore, is no set dates or cut off times for individual requests for children.

\*We endeavour to support all children & requests. However, from time to time we may have to prioritise. We encourage the applicant to apply again in this instance.

\*Those that support or willing to Time Is Precious by either promoting verbally, or fund raising will have priority.

\*Those that have been in an accident or fallen ill un-expectantly will get priority. However, we intend not to turn anyone away, that has applied in the correct format.

\*If a child out grows or will not need the equipment provided, we ask if you will kindly donate the equipment back, so we can refurbish it. These cases will also have priority.

\*Part of the agreement is to have a profile of the child (full name will not be disclosed, neither will any confidential information, any information we share will be agreed with the parents/ guardian). Those that are willing to update us with progress & photographs, will have priority.



**Request/ funding procedure for individual children**

Parents/ guardians copy

\*The form needs to be signed, dated & completed in full.

\*The form needs to be legible and filled out correctly on the request form or as agreed with TIP.

\*TIP- will not fund items that can/should be purchased by the NHS (medical equipment, except under the discretion of the Trustees).

\*Anyone can apply on behalf of the child. However, the applicant will have to get the permission of the parent/ guardian, with their signature on the request form (if this is difficult please contact us).

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**\*Why do we need references?** TIP, work closely with several health professionals. From time to time, we may need to seek their advice to ensure this is the correct equipment for the child. Therefore, if there is not enough proof to identify the child needing his equipment, we will ask you to provide more.

**\*When will we hear if we have been successful?** We endeavour to notify the applicants of the decisions within 3 weeks of the deadline. Reasons of decisions of items can be given if requested by the applicant.

**\*Who can apply?** Preferably we like the parent/ guardian to apply. However, in some circumstances we understand this is not possible. Therefore, any professional including teachers, health visitors, therapists or in some cases it maybe another family member or friend. (Although we will need parent/ guardian permission/ signature).

Our aim is to support as many children as we can within the Bath, Bristol area. Including: Somerset, Wiltshire.

**\*Who purchases the equipment?** Time Is Precious, will buy the equipment & get it sent straight to the agreed address where possible.

**\*When can I apply?** No one know what is around the corner. We understand that children may need equipment at any stage of their life. Therefore, are no set dates or cut off times for individual requests for children.

\*We endeavour to support all children & requests. However, from time to time we may have to prioritise. We encourage the applicant to apply again in this instance.

\*Those that support or willing to Time Is Precious by either promoting verbally, or fund raising will have priority.

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**Liability procedure & FAQs For Individual Children**

Parents/ guardians copy

* Time Is Precious (TIP), will only purchase equipment that is proven by a health professional that it will benefit the child.
* Time Is Precious, only purchases equipment from a reliable manufacturer, distributor, producer, that has all the health & safety legal requirements.
* **Does TIP maintain the equipment we provide?** It is the family’s responsibility to service the equipment annually & to pay for any ongoing maintenance or repairs.
* If you are on a low income and you receive equipment from TIP, we may be able to support you with repair and maintenance costs.
* Any specialised equipment is very expensive therefore worth looking after it well. This will also reduce your long-term maintenance and repair costs.
* With any new piece of equipment, you must always read & keep the user manual in a safe place.
* It's vital that you get insurance for your child’s equipment.
* **What do you do if the equipment TIP has donated develops a fault?** Firstly, you should check the equipment manual. If this does not resolve the problem, details of the supplier should be on the equipment, and can also be found on the manuals guide you received. Please note that you may be charged for the supplier to attend so please check and be aware of any costs you may incur before agreeing a call out. If after contacting your supplier, you are experiencing further issues with the equipment please email us on contactus@timeisprecious.org with the detail of your fault as soon as possible. If you have to replace something, you do so at your own risk.
* As soon as the piece of equipment requested is delivered to the agreed address, Time Is Precious is not responsible or liable for any accidents, breakages or faults that occur (this includes accidental or non-accidental). Of course, if there is a fault with it upon arrival/ delivery, we will endeavour to do our upmost to ensure this is corrected. This must be reported within 3 days of delivery. You must adhere to all safety warnings. With the equipment being stored in a safe environment. TIP, has no responsibility.

**Do’s and don’ts:**

\* **Do** regularly check the equipment for any loose screws & tighten them. \* **Do** keep the equipment clean. \* **Do** follow the manuals guide & recommendations. \* If the equipment has batteries, **do** change them according to the user manual, even if the equipment is not in use. \* **Do** only use the equipment as set out in the manufacturers manual. \* **Do** check that the equipment is still suitable for your child. E.g. Comfortable, fits well, still suitable etc. \* **Don’t** ever leave the equipment without charging for long periods if applicable. \* To ensure you don’t get any unexpected repair or maintenance bills. **Do** make sure you have up dated insurance & an extended warranty for the equipment. \* **Do** try and save a small amount each month to cover any costs that may not be covered under insurance, and day to day wear and tear.



**Professionals Consent Form**

If the professional who you are using as a reference is unable to supply you with a letter, please ask them to fill out the bottom section, including their signature.

First section to be filled out by the parent/ guardian of the child.

|  |  |
| --- | --- |
| Child’ Name |  |
| Child’s DOB |  |
| Child’s Address |  |
| Parent(s)/ Guardian Name |  |
| Piece of equipment applied for |  |
| How the referee below is connected (please circle) | Consultant/ Doctor/ GP/ Speech Therapist/ Occupational Therapist/ Physiotherapist/ Teacher/ Other (please specify) |
| How long has your child been under the care of the professional below? |  |

**To the referee** (please complete below)

The person above has applied for the above piece of equipment for the child named above. They need at least one reference from a professional whom their child is being seen by, to prove that this equipment is suitable for the child. Could you please fill in the below.

|  |  |
| --- | --- |
| Name |  |
| Occupation |  |
| Works email address (On the rare occasion we may need to contact you regarding this issue) |  |
| Address of work  (where you see the child) |  |
| Is the piece of equipment applied suitable for the child? If so, in a brief sentence can you please explain how this will help |  |

* I can confirm that all the information I have given is correct.
* I can confirm that the parent(s)/ guardian information they have supplied is correct.

Signed …………………………………………………………… Date…………………………………………

Please put your official work stamp in the box if you have one.