

The Symbol Trust

Application for Trust funding:

This form is designed for all applications for charitable funding. You should refer to the Deeds of the trust in order to ensure that your application reflects and addresses our Aims and Objectives. All awards are made at the discretion of the trustees.

1. Person or organisation applying:

a. Status (please tick one of the following):

- Registered Charity No:.....
- Not for profit organisation
- Limited company
- Family or individual (go to question 1 c)

b. Summary of main objectives and activities of organisation if not previously known to The Symbol Trust

c. Contact details:

Main contact:.....

Address:

.....

.....

Tel:.....

Fax:.....

Email:.....

2. Project or activity applied for:

a. Title of project or activity:

.....
.....

b. The specific aims of the project or activity:

c. Outcomes of the project/activity:

d. How does the project meet one or more of the Trust's objects?

- To support individuals with special needs and their carers through the provision of direct assistance and education.
- To commission and support research programmes which will increase the knowledge base concerned with the needs of, and appropriate interventions for, adults and children with special needs.
- To enable the publication of work and the dissemination of information about the models of best practice in improving the independence, communication, eating and drinking skills of people with special needs.
- To fund projects and activities of direct benefit to people with special needs and their families.
- To originate, develop and provide training programmes for health, education and social service practitioners, and parents and carers in order to disseminate best practise and increase expertise and knowledge amongst those working with, and caring for, adults and children with special needs.

- To assist through funding, commissioning or working in partnership with any other organisation to achieve the above objects

e. Please give timescales and success criteria for your project/activity as applicable:

Time Scale	Success Criteria

3. Total costs for project/activity:

a. Total costs (please attach budget if applicable): £

b. Please indicate how this is split across financial years if applicable:

c. Other sources of funding identified:

4. Grant or funding applied for:

- a. Total funding requested: £
- b. Please indicate how this is split across financial years if applicable:
- c. If the project/activity is to go ahead are there deadlines for:
 - i. A decision from the Symbol Trust?
 - ii. Release of funding by the Symbol Trust?

5. Monitoring and reporting:

How will the project/activity be monitored/evaluated and reported on?

6. Personnel:

Please indicate the RELEVANT personnel who will be involved in delivering this project and their experience:

- a. Design
- b. Project manager
- c. Data collection/undertaking activities/writing up
- d. Steering group
- e. Academic/advisory input
- f. Statistician
- g. Financial management

Other:

7. **Long term:**
How will the project/activity be continued/ followed up/ funded in the long term (if applicable)

Signed:.....

Date:.....

Please send your completed application form us by email, telephone or by writing to us using the postal address below:

Email: info@SymbolTrust.org

Post: Trust Secretary, The Symbol Trust, Newington Manor, Callaways Lane, Newington, Kent, ME9 7LH

Phone: 01795 844440

Fax: 01795 844414