

FOR OFFICE USE ONLY

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**The Pain Trust**

 **Group** **Application Form**

Registered Charity No: 276670

PLEASE USE **BLACK** INK AS THIS FORM WILL BE COPIED

**How will your information be used by the Trust?**

The Pain Trust collects and processes your personal data in compliance with GDPR 2018. The Trusts collects and uses the information, including personal data, as part of the grant assessment process. The data will not be used for any other purpose nor will it be shared with any third parties, except for the purpose of determining, preventing or detecting crime, or where required by law.

A copy of our privacy statement can be viewed on our website at [www.pain-trust.org.uk](http://www.pain-trust.org.uk)

**Who should complete this form?**

If you are a recognised (i.e. constituted) group (i.e. youth club, scouts, cadets, school etc) this form must be completed by an adult leader.

Groups of friends must apply individually using the Individual Application Form (see website).

To help us fully consider the application please complete this form, including section 8, supporting information, as completely as possible.

Please refer to our website, [www.pain-trust.org.uk](http://www.pain-trust.org.uk) for full details around our acceptance criteria, details of application submission deadlines and meeting dates.

1. **Group Details**

Who is making the application on behalf of the group. This is who is The Pain Trust will contact if any further information is required

|  |  |
| --- | --- |
| Group’s Name |  |
| Lead adults name |  |
| Address |  |
| Telephone number |  |
| Email address **(please write VERY carefully as this is how we will communicate the outcome of your application)** |  |
|  |  |
| Have any previous applications been made? | Yes / No |
| Were the applications successful?Please provide details | Yes / No |
| If No – How did you hear about The Pain Trust? |  |
| If the Pain Trust declines to support your application, will the trip still go ahead?  |  |

1. **Proposed Adventure - Where are you going and what activities are you planning on doing?**

The Pain Trust want to understand where the proposed adventure will be, all destinations should be included. What activities or experiences are you planning on taking part in?

|  |  |
| --- | --- |
| Destination(s) |  |
| What activities/experiences are you planning on taking part in? |  |
| Start Date |  |
| End Date |  |
| Date funding required by |  |

|  |  |
| --- | --- |
| **Date** | **Activity** |
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1. **How many people will be taking part in your adventure?**

To help us consider the application we need to understand how many eligible young people will be on the trip.

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| --- | --- |
| Eligible young people \* |  |
| Leaders |  |
| Others |  |

**\*** Further information regarding the applicants will be required in Section 7

1. **Safety Considerations**

Your safety is important to The Pain Trust, so we would like to understand how your safety has be considered.

|  |  |
| --- | --- |
| Name of organisation or holiday company providing the activities, if any |  |
| Are the supervising staff qualified? |  |
| Do you have insurance cover for the activities? |  |
| Are you undertaking any training for this adventure? Please give details |  |

1. **About the costs of your adventure**

Please give a breakdown of the costs of your proposed adventure. Please provide a complete breakdown of the costs of your adventure. Trustees will be unable to award a grant without this information. Please be aware that we are unable to provide funding towards the purchase of equipment.

|  |  |
| --- | --- |
| Component of adventure | Cost (£) |
| Per Person | Entire Group |
| Travel |  |  |
| Food |  |  |
| Accommodation |  |  |
| Professional Instruction |  |  |
| Activities |  |  |
| Insurance |   |  |
| Other (please include details)  |  |  |
| Total Costs |  |  |

1. **Funding**

Please give details of how you are financing your trip. This should include any self-funding, as well as other individuals, organisations or charities that you have approached to help fund your adventure and the amounts that you have received to date. Also include any fundraising events you have undertaken.

|  |  |
| --- | --- |
| Funding source *(e.g. parent, group, charity, fundraising etc)* | Amount received to date |
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1. **Group Details**

Please give details for eligible applicants only.

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| --- | --- | --- | --- |
| Name | Address *(including post code)* | Date of Birth | Gender |
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| --- | --- |
| Does your group contain any applicants under 18? |  |

1. **Supporting information**

Please detail below exactly why you think the Pain Trust should support your application.

|  |
| --- |
|   |

1. **Agreement**

By submitting this online application, I confirm that:

* The details provided on this form and the associated papers are accurate and correct at the time of submission to the Pain Trust.
* The participants on whose behalf I am applying (including myself, if appropriate) are aged between 10 and 21, all reside within the catchment area and the application fulfils the necessary criteria as described on the Pain Trust website [https://www.pain-trust.org.uk](https://www.pain-trust.org.uk/)
* The above applicants, and in the case of those who are under 18 their parents/guardians, are fully aware that the above information has been provided to enable a full assessment for a grant from The Pain Trust. Without this information the Trust would not be able to consider the application. If any information is incorrect the Trust may need to reconsider any grant application granted.
* The group leaders of the adventure have ensured the parents/guardians of the above applicants who are under 18 have given their written approval for them to take part in the proposed activity.
* I understand that the Trustees accept no responsibility whatsoever for any aspect of this venture.
* I confirm that should a grant be made, and this venture not proceed as detailed I will inform the Pain Trust accordingly and undertake to refund the grant in full.
* I confirm that should a grant be made, prior to the commencement of this venture I will check the UK Foreign Travel Advice (gov.uk/foreign-travel-advice) and that of any countries we are visiting. Should advice be not to travel I confirm I will inform the Pain Trust accordingly and undertake to refund the grant in full.
* **If the application is successful, I will send a written report via email of our adventures to the Pain Trust within ten weeks of the group’s return. Failure to do so may jeopardise the awarding of grants for any future applications.**
* **I understand and agree to the Trust using extracts from the report via email to promote the work of The Pain Trust. All personal information will be removed.**

|  |  |
| --- | --- |
| Name of group leader |  |
| Date |  |

1. **What to do next**
* Ensure ALL sections have been completed fully and accurately, including section 8, with your supporting information outlining why you feel the Pain Trust should support your application.
* Complete the application form and email to admin@pain-trust.org.uk.

NOTE: We no longer accept hand delivered applications or applications received via post.

Please refer to our web site, [www.pain-trust](http://www.pain-trust.org.uk).org.uk, for application submission deadlines and meeting dates.

You will be informed of the Trustees’ decision by email within fourteen days of the meeting at which it was discussed.