

FOR OFFICE USE ONLY

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Decision: £................................................

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**The Pain Trust**

**Individual** **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 an individual making an application or if you are a group of friends, everyone will need to complete a form independently. If you are a constituted group (i.e. youth club, scouts, cadets, school etc) you should complete the GROUP application form available on our website.

To help us fully consider the application please complete this form, including section 6, 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. **Personal Details**

Who is the application for? This is who is The Pain Trust will contact if any further information is required

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Gender |  |
| 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? | Yes/ No |

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 |  |
| How many people will be taking part in the adventure? |  |

|  |  |
| --- | --- |
| **Date** | **Activity** |
|  |  |
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|  |  |

Continue on a separate sheet if necessary

**If your adventure is being organised by a constituted group e.g. your school or a club, rather than yourself please give the following information:**

This will help us understand more about the proposed trip

|  |  |
| --- | --- |
| Name of trip leader |  |
| Contact details  Name of group, address and website |  |

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? | Yes / No / Don’t know / Not applicable |
| Do you have insurance cover for the activities? | Yes / No / Included in package |
| 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 |
| 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. yourself, parent, group, charity, fundraising etc.)* | Amount received to date |
|  |  |
|  |  |
|  |  |
|  |  |
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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:

* The details provided on this form and the associated papers are accurate and correct at the time of submission to the Pain Trust.
* I have read and understood the Pain Trust application criteria, please see the website for details [www.pain-trust.](http://www.pain-trust.org.uk)org.uk and I satisfy the stated criteria, I am aged between 10 and 22 and I reside within the catchment area.
* 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 I am 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 my adventures to the Pain Trust within ten weeks of my 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 written report to promote the work of The Pain Trust. All personal information will be removed.**

|  |  |
| --- | --- |
| Name |  |
| Date |  |

**If the applicant is under 18, a parent or guardian must give consent:**

* I approve of the above named making an application for assistance, and of their undertaking this adventure.
* I understand the Pain Trust Trustees accept no responsibility for any aspect of this venture.
* I confirm that should a grant be made, and the venture not take place as detailed I will inform the Pain Trust accordingly and undertake to refund the grant in whole or in part as deemed required.

|  |  |
| --- | --- |
| Name |  |
| Relationship to applicant |  |
| Address, if different to applicant |  |
| Date |  |

1. **What to do next**

* Ensure ALL sections have been completed fully and accurately, including section 7, 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](mailto:admin@pain-trust.org.uk).

NOTE: We no longer accept hand delivered applications or applications 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.