

BDF Newlife
Child and family -- Grant Application Form
FAST TRACK

I am a professional applying on behalf of a family Yes ____ No ____

Child's details

First Name _____ Surname _____

Date of Birth _____ Female / Male

Parent/ primary carer details

Mr / Mrs / Ms (Please circle)

First Name _____ Surname _____

Street Address _____

City _____ Post code _____

Phone Daytime _____ Evening _____

Email _____

My child's diagnosis :- **Down's syndrome**

Verified by _____ **Doctor / Nurse / Home visitor**

How can BDF Newlife help your child or family at this time?

By helping me to attend the
Downs Syndrome Research Foundation Spring Conference in London,
March 31st or April 1st 2006
And paying my admission to the conference.

Return this form to:

Down's Syndrome Research Foundation
18 Daws Hill Lane
High Wycombe
HP11 1PW

BDF Newlife -- Child and family grant

Data Protection Statement

BDF Newlife is registered as a Data Controller with the Information Commissioner and is committed to ensuring that all personal information held is treated properly and in accordance with the Data Protection Act 1998 (the Act). The following paragraphs set out our policy regarding the personal information we collect about you and other family members (collectively referred to as 'you' and 'your'), in respect of your application for a BDF Newlife Child and Family grant.

We need to assess whether we are able to offer you help and therefore, may need to collect the following information either on the application form or via telephone or email:

- You and your child's names, ages, address and home telephone numbers.
- Details of your child's disability and details of any associated conditions; specific details of how mobility, motor function, communication, level of understanding and behavior are affected; whether your child experiences seizures. Details of any hospital attendance, current treatments and or therapies.
- Details of how the disability affects you and your child and the level of support needed when carrying out day to day activities such as bathing, dressing, washing, clothing/bedding, feeding, toileting, keeping occupied, safety precautions, teaching independence skills, encouraging play, leisure activities and sleeping.
- General information regarding the effects of your child's condition on you and your family life.
- Details of type of equipment you have requested and the reasons why.
- Details of assistance we have already provided.
- Information obtained from third parties

To help us decide if you are eligible for assistance, we also ask for further information related to your child's disability and the effect on your family's life from professionals linked to your child's:

- Healthcare (e.g. GP, hospital consultant, paediatrician, physiotherapist, psychiatrist, Psychologist and/or health visitor).
- Education (e.g. teacher, educational psychologist, nursery staff, and or support staff).
- Social care (e.g. social worker and/or occupational therapist).

This information we collect from you and from third parties is stored securely on a computer data base and for a limited period in our manual archives. Details of how you can obtain a copy of information held by us about you and your child are available on request.

Disclosure of information.

If you receive equipment from us, we pass information about you to the supplier so they can provide you with the goods.

Declaration

To be signed by parent/primary carer

I consent, on behalf of myself and my family, to the collection and use of my and my family's personal information, as set out in the BDF Newlife Data Protection Statement above and declare that:

I am authorized to give consent on my family's behalf for the collection and use of the accurate personal information provided.

Name _____

Date _____

Signature _____

How did you hear about us? _____

Post your completed application form and this page to

**Down's Syndrome Research Foundation
18 Daws Hill Lane
High Wycombe
HP11 1PW**