



Eligibility Criteria and important information

The SLP Community Trust exists for the sole purpose of helping children attending SLP schools.

The following information details who is eligible to make an application and who they can make this for.

1. Grant applications can only be made on behalf of children who attend an SLP school.
2. Consideration for grants will only be given to applications aiming to support children from Reception – Y6. Naturally, in the case of South Stanley Infant & Nursery School, applications for children attending our Nursery provision will also be considered.
3. Initially applications will only be considered for school items, for example:
 - 3.1. Shoes, including PE shoes and wellington boots
 - 3.2. Uniform, including PE
 - 3.3. Coats
 - 3.4. Hats, scarfs and gloves
 - 3.5. School bags

It is worth noting that as our charity grows, this list may be extended.

4. If you are applying for funding on behalf of a family, please ensure you have their consent to do so prior to submitting your application.
5. The charity reserves the right to consider all grant applications individually and on their own merit.
6. Grant applications must be endorsed by a second supporter. Examples as to who this can be are **detailed in the “How to complete your form” section.**
7. All sections of the form are mandatory and, therefore, must be completed. Should any information be omitted the form may be returned to the applicant and you may potentially miss application deadlines and possible funding.
8. Applications may be submitted on an ongoing basis. The funding panel meet several times an academic year and will reply to both successful and unsuccessful applications shortly thereafter.
9. Timings of applications:

Applications open	Application deadline	Funding Panel meeting
Monday 2 nd December	Tuesday 10 th March 2020	Thursday 26 th March 2020
Monday 30 th March	Tuesday 9 th June 2020	Tuesday 23 rd June 2020





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10. Applications made towards the end of the academic year can be for items that will be worn in the 20/21 academic year. Please note; if this is the case, the child must still attend an SLP school as of September 2020.
 11. Funding will not be granted for items that have already been purchased.
 12. Once an item(s) has been purchased, recipients MUST provide proof of purchase. Without this you will be asked to pay back any funding allocated and both the applicant and child(ren) may be excluded from any future applications.

Please return your completed your application form **to either your school's Headteacher or Louise Milbourne**, Marketing & Communications Manager, Stanley Learning Partnership, Unit G3, Tanfield Lea Business Centre, Tanfield Lea North Industrial Estate, Stanley, Co. Durham, DH9 9DB

Please be assured that all applications and grants will be dealt with in the strictest of confidence.

If you have any questions, please do not hesitate to contact our Marketing Department on (01207) 266700.





How to complete your form – an example

Please print clearly and ensure you answer ALL the questions of the form. Incomplete forms will be returned to the applicant resulting in you potentially missing application deadlines and possible funding.

Part One: Who is the grant for?

Child(ren)'s name:	The name of the child(ren) for whom you are applying.
SLP school attended:	The school the child attends.
Year group:	Their year group, ie Reception – Y6.
Class teacher:	Their class teachers name. This is important, therefore, if you are unsure please call your school's Main Office as staff will be able to help.

Part Two: Who cares for the child(ren)?

Child(ren)'s primary carer:	The name of the main person that cares for the child(ren).
Relationship to child(ren):	Their relationship to the child(ren).
Address:	The address of the child(ren).
Telephone number:	The contact number of the above property.

Part Three: About you

Name of person making the application:	Your name.
Relationship to child(ren):	Your relationship to the child(ren).
Address:	Your address.
Telephone number:	The best number to contact you.
Email (if you have one):	If you do not have an email please state this.





Part Four: Who is supporting your application?

Each application should be supported by a third party, e.g. class/Head teacher, a close family friend or a health professional such as a Social Worker. We ask for applications to be supported by a third party so we can confirm that they are legitimate and any grants made will make a genuine difference to the schooling of the recipient. Please note, your application supporter may be contacted to verify your application.

Name of the person supporting your application:	Who is supporting your application?
Relationship / position held:	What is their relationship to the child(ren) and or you, e.g. class teacher, Family Worker, close family friend.
Telephone number:	Your supporters contact number.
Email:	Professionals will have an email address. If your supporter is a family friend and does not have an email, please state this.

Part Five: What is the grant for?

Please detail what any money allocated will be spent on, where items will be purchased and how much will be spent on each:

Item to be purchased	Purchased from	Cost			
E.g. Winter coat	Matalan, Consett	£30			
E.g. School jumper x2	Asda	£3 each			
Have you ever applied to us for a grant before?	Yes	No			
If YES, please complete the section below. If NO, please move onto Part six.					
Child(ren)'s name	School attended	Month of application	Item	Amount	Was your application successful?
Fred Smith	SSIN	September 2019	Wellington boots	£8	Yes





Part Six: Other information

Is there any other information you would like to be considered in support of your application?

If you feel there is anything else you would like to tell us about the child(ren), their family or circumstances, please do so in this section.

Part Seven: If your application is successful

How would you like to receive your funding:

Cash

Cheque

If cheque; who should this be made payable to:

Preferably, this should be the name of the person that will be purchasing the items.

Part Eight: Authorisation

Part Eight is to confirm that both you and the person supporting your application understand and agree to the terms and conditions of any successful applications.







Grant Application Form

Please return your application form to either your Headteacher or Louise Milbourne, Marketing & Communications Manager, Stanley Learning Partnership, Unit G3 Tanfield Lea Business Centre, Tanfield Lea North Industrial Estate, Stanley, Co. Durham, DH9 9DB

Part One: Who is the grant for?

Child(ren)'s name:	
SLP school attended:	
Year group:	
Class teacher:	

Part Two: Who cares for the child(ren)?

Child(ren)'s primary carer:	
Relationship to child(ren):	
Address:	
Telephone number:	





Part Three: About you

Name of person making the application:	
Relationship to child(ren):	
Address:	
Telephone number:	
Email (if you have one):	

Part Four: Who is supporting your application?

Each application should be supported by a third party, e.g. class/Head teacher, a close family friend or a health professional such as a Social Worker. We ask for applications to be supported by a third party so we can confirm that they are legitimate and any grants made will make a genuine difference to the schooling of the recipient. Please note, your application supporter may be contacted to verify your application.

Name of the person supporting your application:	
Relationship / position held:	
Telephone number:	
Email:	





Part Five: What is the grant for?

Please detail what any money allocated will be spent on, where items will be purchased and how much will be spent on each:

Item to be purchased	Purchased form	Cost

Have you ever applied to us for a grant before?	Yes	No
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If YES, please complete the section below. If NO, please move onto Part six.

Child(ren)'s name	School attended	Month of application	Item	Amount	Was your application successful?





Part Six: Other information

Is there any other information you would like to be considered in support of your application?

Part Seven: If your application is successful

How would you like to receive your funding:	Cash	Cheque
If cheque; who should this be made payable to:		





Part Eight: Authorisation

The applicant

I, the undersigned, confirm that to the best of my knowledge all of the information provided is correct.

Print name:

Signature:

Date:

I, the undersigned, understand that proof of purchase is required for each item for which funding is allocated. I also understand that without this, I will be required to reimburse the charity any such funding and both the child(ren) for which I am applying on behalf of, and I, may be excluded from any future applications.

Print name:

Signed:

Date:

If you are applying for funding on behalf of a family, please ensure you have their consent to do so prior to submitting your application.

I, the undersigned, have the consent of the recipient to submit this application.

Print name:

Signed:

Date:

The supporter

I, the undersigned, confirm that to the best of my knowledge, all of the information provided is accurate and true.

Print name:

Signature:

Date:





For office use only:

Date received:				
Funding round:	1	2	3	
Panel decision:	Successful		Unsuccessful	
If UNSUCCESSFUL, please state reasons:				
Amount allocated:		£		
Method of payment:	Cash		Cheque	
If CHEQUE, please state payee and cheque number:				
Date payment made:				
Authorisation:				
Name:	School:	Position held:	Signature:	Date:
Proof of purchase:				
Attach proof of purchase here.				

Stanley Learning Partnership LTD (Trading as Stanley Learning Partnership)
 Registered office: Unit G3, Tanfield Lea Business Centre, Tanfield Lea North Industrial Estate, Stanley, Co. Durham, DH9 9DB
 Telephone: 01207 266700
 Company number: 10380011 (Registered in England & Wales)

