

THE HILDEN CHARITABLE FUND

APPLICATION FORM

SUMMER PLAY SCHEMES GRANTS 2010

The Hilden Charitable Fund has allocated a small budget to help community groups run Summer Play Schemes for the benefit of children from refugee and ethnic minority families. Priority will be given to groups in the Greater London area.

Guidelines: Applicants are required to:

1. Complete all this form (page 14– items, N.B that the Health & Safety and Insurance section is essential)
 2. Give a brief description of the scheme and the programme of activities
 3. Give full budget details (including details of other funders)
- and must send:
a copy of the their most recent annual report and accounts (which must include a list of Trustees/Board Members)

CONTACT PERSON: _____

ADDRESS: _____

TEL NO: _____

EMAIL: _____

■ Have you had a Summer Play Schemes grant from Hilden before? YES . NO .
If yes, amount of grant and date given? _____

■ HAVE YOU UK CHARITY STATUS: YES . NO . IF YES, Please give charity number:

IF NO, Please explain charitable purpose or arrangements with another charity, please give details.

IF A GRANT IS AWARDED, to which Payee should the cheque be made payable to:

Please send your forms and enclosures back to:

PA to the Secretary to the Trustees

The Hilden Charitable Fund

34 North End Road, London W14 0SH

Tel & Fax: 02076031525

FULL NAME OF ORGANISATION:

**Deadline for Application Forms to be returned: Friday 14th May
2010**

PLEASE ANSWER THESE QUESTIONS:

A) Where will most activities take place?
B) How many children in total will be involved in the scheme?
C) Of the children involved how many are: Aged under 5: Aged 6-11: Aged 12-14: 15 and over:
D) What ethnic background do the majority of the children come from? If not relevant please put 'General'.
E) What is the duration of the scheme? <i>For example, 2 weeks:</i>
F) Are any special trips planned? Or residential placements? Brief details please:
G) What is your overall budget for the scheme? What amount are you requesting from Hilden?
H) How much have you raised for the scheme so far? From what funders? Brief details please:
I) Please give the name of the person responsible for the management of the scheme:
J) Please give brief details of his/her experience to run such schemes (if possible attach a CV):

HEALTH AND SAFETY AND INSURANCE

1) Have you ensured there is adequate supervision of the children at all times?
Yes . No .

2) Have you ensured all necessary health and safety matters have been checked, and for sports and adventure activity qualified personnel are in supervision?
Yes . No .

3) If using a minibus, has it been supplied by a reputable supplier and does it meet all necessary safety requirements, including seat belts for every passenger?
Yes . No .

4) Please give details of your public (and other) liability insurance below:

NAME OF COMPANY:

DATE OF RENEWAL:

POLICY NUMBER:

5) Do you undertake police checks on staff and volunteers?
Yes . No . Not Relevant .

If YES are you registered with

Criminal Records Bureau. Umbrella Body. Other . Please give details.

ANY OTHER INFORMATION: PLEASE USE THIS SHEET FOR ANY OTHER RELEVANT INFORMATION:

Hidden use only:

Application received: