

SUNFLOWER TRUST ASSISTED FUNDING PROGRAMME APPLICATION FORM



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Registered Charity No. 1055712

Registered in England No. 3201965

The Sunflower Trust was formed in 1996 to help children aged between 5 and 18 years old with learning, health and behavioural difficulties. It's our belief that children who are well balanced, integrated and healthy perform better, achieve more, have a greater sense of self-esteem and get on better with others.

We offer Sunflower Therapy as a treatment for learning, behavioural and health difficulties that addresses structural, neurological, chemical and psychological aspects of each individual child. For further information on the Sunflower Therapy please visit website or contact Sunflower Trust for our detailed information pack. As a charity, we're totally reliant on donations to support our work with children who have learning, behavioural and health difficulties.

The Sunflower Trust has developed an assisted funding programme to help children with learning, behavioural and health difficulties. If you would like to be considered please complete the following form.

Assessment is based on a number of criteria including financial considerations, child's medical history, educational assessments and ability to support treatment at home.

Assisted funding is only available to children who:

- ***have not received Sunflower Therapy as a private patient***
- ***are committed to completing treatment within 12 months***
- ***are committed to undertaking a Sunflower Screening Assessment after a 12 month course of treatment***

Past experience has demonstrated that:

- ***families who travel a distance to a Sunflower Practitioner have difficulty completing treatment***
- ***single parent families benefit from the additional support of friends or family whilst children undertake a course of treatment***

<p><i>(Office Use Only)</i></p> <p><i>Principal Diagnosis:</i></p>	<p><i>(Office Use Only)</i></p> <p><i>Date of Application:</i></p> <p><i>Qualifies:</i> Y/N</p> <p><i>Letter Sent:</i> Y/N</p> <p><i>Full/Partial Assistance?</i></p> <p><i>Allocated Funds:</i></p> <p><i>Date of first appointment:</i></p>	<p><i>(Office Use Only)</i></p> <p><i>Sunflower Number</i></p> <p><i>Name of Sunflower Patient:</i></p> <p><i>Name of Sunflower Practitioner:</i></p> <p><i>Date of last appointment:</i></p>
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All information is held in the strictest confidence.

Sunflower Patient Personal Details

Name of Child:	Age:
	Gender:
Full Address	Evening Telephone No:
	Daytime Telephone No:
	E-Mail Address:
Date of Birth:	Height:
Weight:	Blood Type:
Name of Parent	Referred to Sunflower Trust by: Teacher/Doctor
	Name of Teacher/Doctor
	Full Address of school/doctor
	Tel No:
	Medical Report/school report enclosed yes/no

Section One: Your Child

If you have noticed any of the following in your child Sunflower Therapy can help.

- Difficulty with reading
- Difficulty with writing
- Difficulty with mathematics
- Difficulty in understanding words in normal conversation
- Inability to relate to people in groups or understand the conversation
- Poor or non-existent sense of direction
- Little or no concept of time
- Inability to concentrate, even when involved in a particular activity such as a game
- Disequilibrium (balance dysfunction)
- Poor motor co-ordination
- Constantly bumping into things or dropping things
- Stuttering, hesitant speech, poor word recall
- Inability to remember names
- Sharp emotional or mood swings
- Needs to re-read the same word or phrase to get any meaning out of it
- Difficulty in following sequential instructions or events
- Difficulty in following motion or moving things (people, balls, traffic)
- Various phobias including height, motion-related (escalators, elevators, bridges etc)
- Gets lost easily all the time
- Unable to, or unsure in making decisions
- Feelings of inferiority, stupidity, clumsiness
- Inability to organise activities, particularly allocating time or doing opposite of what was told
- Gets drowsy or tends to fall asleep while driving on highway or open road

Describe the main learning/behavioural/health difficulties that your child is experiencing:

Has your child received an official diagnosis of learning or developmental difficulty in any of the follow areas. Please tick all that apply.

- Dyspraxia
- Dyslexia
- Attention Deficit/Hyperactivity
- Language/Speech Disorder
- Developmental Delay
- Autism
- Aspergers Syndrome
- Downs Syndrome
- Other condition(s) - please specify

If your child is receiving regular medication please detail.

If an official diagnosis has been received, please state who made this and the date of diagnosis. Please include a copy of the report.

- | | |
|---|-----------------------|
| <input type="checkbox"/> Hospital Consultant/Doctor | Date(s) of Diagnosis: |
| <input type="checkbox"/> GP | Date(s) of Diagnosis: |
| <input type="checkbox"/> Educational Psychologist | Date(s) of Diagnosis: |
| <input type="checkbox"/> Special Needs Teacher | Date(s) of Diagnosis: |
| <input type="checkbox"/> Other (please state) | Date(s) of Diagnosis: |

Section 2 Your Family Circumstances

Which of the following would best describe you and your family?

- Married and with all my children living at home
- Married or co-habiting with some of my children living at home
- Single parent and with all of my children living at home
- Single parent with some of my children living at home
- Other (please state)

If your child doesn't live at home on a full-time basis, please explain why this is the case.

How many children are there in your family and what are their ages?

Does any other member of your family suffer from learning difficulties? If yes, please explain who this is and describe the difficulties they experience.

How many parents in the household are employed? Is this full-time or part-time employment?

What is you and your partner's occupation (where applicable)?

Name and address of your child's school

What was your estimated annual household income for the previous year?

- Less than £10,000
- £10,000 - £15,999
- £16,000 - £19,999
- £20,000 - £24,999
- £25,000 - £34,999
- £35,000 +
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What was your estimated annual household expenditure for the previous year?

- Less than £10,000
- £10,000 - £15,999
- £16,000 - £19,999
- £20,000 - £24,999
- £25,000 - £34,999
- £35,000 +

Do you receive any welfare allowances from social security or similar? If yes, what are these and what is their combined value?

Do you have any personal expenses beyond 'usual' household expenses?

Which of the following would best describe your housing status?

- Home owner
- Private Tenant
- Council Tenant
- Hostel or Refuge
- Other (please state)

Do you have any exceptional personal circumstances that have relevance to your application for treatment under the Sunflower Trust Assisted Funding Scheme?

Section 3: Access to the Assisted Funding Programme

Which of the following would you be interested in applying for? Please tick all that are applicable.

1. Full Assisted funding (No Fees)

Full assisted funding covers a programme of treatment including the cost of each nutritional supplement which may be needed. You will be expected to pay the cost of the Initial Sunflower Screening Assessment valuing £130.00* – please ask Sunflower Practitioner to set timescale of appointments to enable you to understand your commitment

2. Subsidised Assisted Funding (Reduced Fees)

Subsidised assisted funding offers a programme of treatment at reduced fees including the cost of each nutritional supplement which may be needed. You will be expected to pay the cost of the Initial Sunflower Screening Assessment valuing £130.00* - please ask Sunflower Practitioner to set timescale of appointments to enable you to understand your commitment

*In certain circumstances the cost of the Assessment can be subsidised.

What is the maximum you could afford to contribute to Sunflower Screening Assessment – minimum £40.00 £ _____

What is the maximum you could afford to contribute to treatment expenses?

£ _____

Which Sunflower Trust clinic would you prefer to receive treatment from?.

If the above clinic were unavailable, would you be prepared to travel to receive treatment from another clinic?

Yes

No

If there are any more details you'd like to provide about your child, please use the sheet of paper provided overleaf. We thank you for completing this application. You're reminded that all information is provided to us in the strictest confidence. If your circumstances change, please notify us in writing.

Please complete and return this form to the Sunflower Trust.

It is a condition that all assisted funds must be used within 12 months of award.

Section 4: Additional Information

Sunflower Trust is totally reliant on donations to support its continued work dedicated to children with learning, behavioural and health difficulties.

Please tick which area you will be able to provide assistance in the future.

I would like to volunteer a few hours per week to Sunflower Trust yes/no

I would like to make monthly donations to the Sunflower Trust yes/no

Thank you for helping us help more children in the future.

