



## **BURSARY APPLICATION FORM**

Please provide the following details:

**Parent's name:** \_\_\_\_\_ **Date of application:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_ **Child's date of birth:** \_\_\_\_\_

The Sunflower Trust was formed in 1996 to help children aged between 7 and 17 years old with learning, health and behavioural difficulties. It's our belief that children who are well balanced and healthy perform better, achieve more, have a greater sense of self-esteem and get on better with others.

The Trust can provide financial assistance for children that are suitable for the Sunflower Programme as its unique combination of therapies can often help children improve in areas that they find challenging. The programme addresses structural, neurological, chemical and psychological aspects of each individual child and each programme is developed uniquely for each child.

For further information on the Sunflower Programme, please visit our website ([www.sunflowertrust.com](http://www.sunflowertrust.com)) or telephone 0845 054 7509.

The Trust (charity number 1055712) raises money to help fund the programme for families that might otherwise be unable, or find it difficult, to cover the cost of the programme. The bursary award can cover the full cost or part of the cost of the Sunflower Programme, depending on circumstances.

If you would like to be considered please complete this form.

**Please be assured that all information is held in the strictest confidence.**

Assessment is based on a number of criteria including financial considerations, the child's medical history, educational assessments and your ability to support treatment at home. Bursary funding is only available to children who:

- *have not been through the Sunflower Programme as a private patient*
- *are committed to completing the programme within 9 months*
- *are committed to undertaking a screening assessment at the end of the programme*

Please be aware that past experience has demonstrated that:

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





## Section 1 – Your Child

If you have noticed any of the following in your child, the Sunflower Programme may be able to help:

|  |          |
|--|----------|
| Difficulty with <i>(please circle)</i>   |          |
| Reading  | Yes / No |
| Writing  | Yes / No |
| Mathematics  | Yes / No |
|  |          |
| Difficulty in understanding words in normal conversation                               | Yes / No |
| Inability to relate to people in groups or understand the conversation                 | Yes / No |
| Poor or non-existent sense of direction  | Yes / No |
| Little or no concept of time   | Yes / No |
| Inability to concentrate, even when involved in a particular activity, such as a game  | Yes / No |
| Disequilibrium (balance dysfunction)   | Yes / No |
| Poor motor co-ordination   | Yes / No |
| Constantly bumping into things or dropping things                                      | Yes / No |
| Stuttering, hesitant speech, poor word recall  | Yes / No |
| Inability to remember names  | Yes / No |
| Sharp emotional mood swings  | Yes / No |
| Need to re-read the same word or phrase to get any meaning out of it                   | Yes / No |
| Difficulty in following sequential instructions or events                              | Yes / No |
| Difficulty in following motion or moving things (people, balls, traffic)               | Yes / No |
| Various phobias, including height, motion-related (escalators, elevators, bridges etc) | Yes / No |
| Obsessive tendencies   | Yes / No |
| Gets lost easily or all the time   | Yes / No |
| Unable to, or unsure of making decisions   | Yes / No |
| Feelings of inferiority, stupidity, clumsiness   | Yes / No |
| Gets drowsy or tends to fall asleep while being driven                                 | Yes / No |
| Inability to organise daily activities (allotting proper time etc)                     | Yes / No |

Please describe the main learning/behavioural/health challenge that your child is experiencing:



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

|                                     |          |
|-------------------------------------|----------|
| Dyspraxia                           | Yes / No |
| Dyslexia                            | Yes / No |
| Attention Deficit/Hyperactivity     | Yes / No |
| Language/Speech Disorder            | Yes / No |
| Developmental Delay                 | Yes / No |
| Autism                              | Yes / No |
| Asperger's Syndrome                 | Yes / No |
| Downs Syndrome                      | Yes / No |
| Other Condition(s) – please specify |          |
|                                     |          |

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

|                            |          |                      |  |
|----------------------------|----------|----------------------|--|
| Hospital Consultant/Doctor | Yes / No | Date(s) of Diagnosis |  |
| GP                         | Yes / No | Date(s) of Diagnosis |  |
| Educational Psychologist   | Yes / No | Date(s) of Diagnosis |  |
| Special Needs Teacher      | Yes / No | Date(s) of Diagnosis |  |
| Other (please state)       |          | Date(s) of Diagnosis |  |

If your child is receiving regular medication, please provide details:

|  |
|--|
|  |
|--|



## Section 2 – Your Family Circumstances (Strictly Confidential)

Which of the following would best describe you and your family? (Please tick accordingly)

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

If you 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?

| Names | Ages |
|-------|------|
|       |      |
|       |      |
|       |      |
|       |      |

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

|  |
|--|
|  |
|--|



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

What is your/your partner's occupation? (Where applicable)

What has been your estimated annual household income for the past 12 months? (Please tick)

|                   |  |
|-------------------|--|
| Less than £10,000 |  |
| £10,000 - £14,999 |  |
| £15,000 - £19,999 |  |
| £20,000 - £24,999 |  |
| £25,000 - £34,999 |  |
| £35,000 +         |  |

What was your estimated annual household expenditure for the previous year? (Please tick)

|                   |  |
|-------------------|--|
| Less than £10,000 |  |
| £10,000 - £14,999 |  |
| £15,000 - £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 their combined value? (Where applicable, please provide documentary evidence)



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

Which of the following would best describe your housing status? *(Please tick)*

|                      |  |
|----------------------|--|
| 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 a bursary for the Sunflower Programme?

Please return this form with accompanying documentary evidence to:

The Sunflower Trust  
10 Guildford Park Road  
Guildford  
Surrey  
GU2 5ND

[www.sunflowertrust.com](http://www.sunflowertrust.com)

Tel: 0845 054 7509