



ASSISTED FUNDING PROGRAMME
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. We offer Sunflower Therapy as a treatment for learning, behavioural and health difficulties. It addresses structural, neurological, chemical and psychological aspects of each individual child. For further information on the Sunflower Therapy please visit our website (www.sunflowertrust.com) or contact us for a detailed information pack.

The Sunflower Trust has developed an assisted funding programme, to help parents who might otherwise be unable, or find it difficult, to cover the cost of the treatment programme. The programme covers the full cost of the treatment. 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. Assisted funding is only available to children who:

- *have not received Sunflower Therapy as a private patient*
- *are committed to completing treatment within 6 months*
- *are committed to undertaking a Screening Assessment after a 6 month course of treatment*

Please be aware that past experience has demonstrated that:

- *families who travel a long 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*



Sunflower Patient Personal Details

Parent's name:		Child's name:	
Full address:		Child's date of birth:	
		Child's age:	
		Child's gender (M/F):	
		Name of school:	
		Address of school:	
Daytime phone no:			
Evening phone no:			
		School phone no:	
		Name of doctor:	
		Address of doctor:	
		Doctor's phone no:	
Referred by:		School report (Y/N)?	
		Medical report (Y/N)?	

Other information



Section 1: Your Child

If you have noticed any of the following in your child Sunflower Therapy may be able to 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

Please 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 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	Date(s) of Diagnosis:
GP	Date(s) of Diagnosis:
Educational Psychologist	Date(s) of Diagnosis:
Special Needs Teacher	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

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

Married or co-habiting, with all 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 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/your partner's occupation (where applicable)?

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

- 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?

- 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 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?

Please return this form to The Sunflower Trust, 10 Guildford Park Road, Guildford, Surrey GU2 5ND

www.sunflowertrust.com

Telephone: 0845 054 7509

Registered Charity No: 1055712