



Registered Charity No 1161139

SWIM-ABILITY APPLICATION

B.I.D. Ref:
BIDSWIM

Return completed form to:

Blessing in Disguise
Lilford House
Leigh
Greater Manchester
WN7 4HG

B.I.D. OFFICE USE ONLY:

| | | <i>Initial</i> |
|---------------------|--------------------------|----------------|
| Received: | Date: | |
| Method: | Email / Post / Hand Del: | |
| DWP Proof Assessed: | Date: | |
| Recommendation | Approve / Decline | |
| Director Decision: | Approved/ Declined | |

Section 1 - Contact Details – Family of Child with special needs / disability

| | | |
|------------------------|-------|---------|
| Parent / Family Names: | | |
| Address: | | |
| Post Code: | | |
| Contact Numbers: | Home: | Mobile: |
| Email: | | |

Section 2 – Child with disability, life-threatening/limiting condition or terminal illness

The child listed in this section **must** be aged 19 or under at the time of the swimming lessons being granted (*unless approved by B.I.D.*)

| | | |
|--|---|--------------|
| Child's Full Name | | |
| Child's D.O.B.: | | Child's Age: |
| Special Need/ Disability: | | |
| Please explain in detail, special need/disability & any additional requirements | | |
| | | |
| Nursery/School/College: | | |
| Level of Swimming Ability: | <i>Please comment on ability, i.e. non-swimmer etc.</i> | |

All children will require 1:1 support from parent or responsible adult in the water initially and until told otherwise.

Parents and carers must not leave the site during the session and must follow the pools regulations.

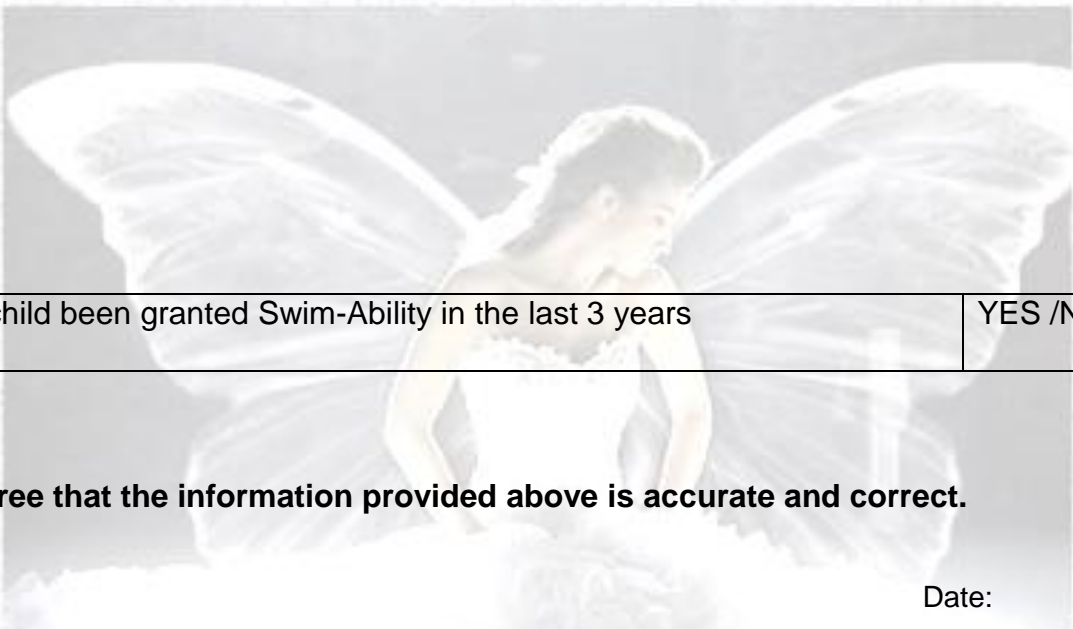
Section 3 – Meeting Blessing in Disguise’s Criteria

Eligibility criteria must be met in order for swimming lessons to be granted. Under the age of 19 years; Resides in the UK; Has a significant disability, life-threatening/limiting condition or terminal illness; Family must be on a low income and receive two or more of the following benefits. .

Please tick all that apply

| | | | | | |
|--------------------------|----------------|--------------------------|--------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Child Benefit | <input type="checkbox"/> | Working Tax Credit | <input type="checkbox"/> | Disability Living Allowance (DLA) |
| <input type="checkbox"/> | Income Support | <input type="checkbox"/> | Universal Credit | <input type="checkbox"/> | Job Seekers Allowance (JSA) |
| <input type="checkbox"/> | Other | <input type="checkbox"/> | Housing Benefit | <input type="checkbox"/> | Personal Independence Payment (PIP) |

Places will be limited. If you would like to be considered for a place, please complete and return this form. Further information may be required before a place is confirmed.

| | |
|---|---------|
| How do you think that your child will benefit from the provision of swimming lessons? | |
|  | |
| Has the child been granted Swim-Ability in the last 3 years | YES /NO |

I / We agree that the information provided above is accurate and correct.

Name:

Date:

Print:

Sign:

| | | | | |
|--------------------------------------|----------------------------------|-------------------------------------|--|----------------------------------|
| How did you hear about B.I.D.? | | Please specify | | |
| <input type="checkbox"/> Used before | <input type="checkbox"/> Family | <input type="checkbox"/> Colleague | <input type="checkbox"/> Media / Press | <input type="checkbox"/> Website |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Referral | <input type="checkbox"/> Other |

Completing the Application Form

Important: Please read these notes carefully before completing and submitting this application, as the content of the application will be crucial to helping us determine if we can offer support.

All Applications submitted will be viewed on an individual basis and judged on their own merit. All decisions are dependent on funding at the time of the application and on a strictly first come first served basis. Sessions are booked in blocks of 10 lessons

All sections of this form **MUST** be completed in **FULL**, failure to complete all of the sections may deem the application null and void and the application will be returned unprocessed.

Section 1 – Contact Details

Blessing in Disguise (B.I.D.), considers a family to consist of dependent children and those who care for them. Carers can be parents, grandparents, guardians and others with caring responsibilities.

Section 2 – Child with disability, life-threatening/limiting condition or terminal illness

The child listed in this section **must** be aged 19 or under at the time of the swimming lessons being granted (*unless approved by B.I.D.*)

Section 3 – Meeting Blessing in Disguise's Criteria

Blessing in Disguise will consider funding swimming lessons for a child's where there is a clear health and wellbeing, safety or social care need, subject to available funding at the time of application.

If your child meets all of the eligibility criteria for support: Under the age of 19 years (*unless approved by B.I.D.*); Resident in the UK; Has a significant disability, life-threatening/limiting condition or terminal illness

PROVIDE PROOF OF BENEFITS OR DIAGNOSIS WITH YOUR APPLICATION i.e. photo of DLA letter.

What happens after this application form has been received?

Blessing in Disguise staff will check whether we have received all the necessary information or not. We will also identify if the need is urgent. Any missing information will be sought at the point of acknowledging the receipt of your application – so please provide an email address. Once the B.I.D. team have all the information required, the application will be submitted at the next Trustees meeting for consideration and approval. The outcome will then be notified to the applicant.

**Completed and signed forms must be returned by email to:
blessingsindisguisecharity@gmail.com**

Or by post to:

Blessing in Disguise, Lilford House, St. Helens Road, Leigh. WN7 4HG