



Before you complete the application form, please read the following notes carefully.

The Handicapped Aid Trust exists to provide towards the costs of the helpers of severely physically disabled people on holidays where these costs cannot be met by the applicant, the helper or from any other source, and where the disabled person would be unable to go on holiday without someone to help him or her with everyday needs.

The Trust is bound by its rules and constitution and cannot make grants for any other purpose. It cannot, for example, make grants towards the disabled person's own costs.

Applications are accepted from the disabled person or applications made on their behalf. The minimum age for applicants is 17 years.

The Trust is a small Charity with limited funds and cannot help all applicants. Rarely can the full cost of the helper's holiday be met, but it is hoped that the grant will make it possible for the holiday to be taken.

You should choose a holiday and give details of the cost on the application form, because the amount of any grant will be in proportion to the costs of the helper. If there are any subsequent changes in the holiday plans or the costs, the Trustees may have to review the grant.

If your application has been successful, **you will be sent a cheque only after the Trustees have received evidence that the holiday has been booked, and a substantial deposit paid.**

Applications are accepted on the understanding that the Trustees reserve the right to have enquiries made to confirm the information supplied.

The Trust cannot allocate funds in respect of holidays already taken; it would be advisable to apply in good time prior to any proposed holiday being booked; the allocation and administration of funds can take several weeks.

The Trustees will now only consider applications once every two years.

The Trustees meet twice a year to consider applications and to allocate the funds available.

Applications should reach the Hon. Secretary by either: -

- 1st February** for holidays between **1st April and 30th September**, or
- 1st August** for holidays between **1st October and 31st March**.

All information given on the application form will be treated in the strictest confidence.

Please ensure that all questions are answered fully to avoid unnecessary correspondence.

The application should be accompanied by independent confirmation of

- a) the disability
- b) that the applicant could not go on holiday without help with his/her physical requirements.

This can be in the form of

- 1. a recent doctor's note, or
- 2. a letter from a bona fide organisation operating in the interest of disabled people.

Please return the completed application form and include the letters or notes of support, as soon as possible, to:

The Hon. Secretary
Handicapped Aid Trust
Northchapel House,
North Street,
Horsham RH12 1RD

HANDICAPPED AID TRUST (HAT)

(Registered Charity No 284791)

To provide towards the costs of helpers of severely disabled people on holiday.

Office Use

APPLICATION FORM - INDIVIDUAL

(Minimum age 17 years)

BLOCK LETTERS PLEASE

Name		
Address		
Post Code		
Tel. No		
Date of Birth		
Nature of disability		
What help do you need		
Name of helper(s)	1.	2.
Address		
Post Code		
Tel. No		
If related to applicant - how		
Approximate age(s)		

HAT INDIVIDUAL APPLICATION

Details of holiday, e.g. Package Tour, Organised Group holiday, Independent	
Name of Tour Operator or Voluntary Organisation you are travelling with	
Name of Resort	
Hotel	
Date of Departure	
Date of return	
Others accompanying you on holiday other than helper(s)	
Approximate ages and relationship to you	
Total cost of your holiday (excluding pocket money)	
Extra travelling expenses incurred because of disability	
Cost of helper's 'holiday'	
Your contribution to helper(s) costs	
Contribution from helper(s)	
Balance to be raised	
Have you applied for grants elsewhere? Please give details	
Approximate ages and relationship to you	
Grants already awarded to you	
Grants already awarded to your helper(s)	
If a grant is made - cheque to be payable to?	

I confirm that the information given on this application is, to the best of my knowledge, correct.
I agree to any enquiries being made to verify any or all of the information included in my application.

Signature:	Date:
Name (Block Letters, please)	