

JF232

APPLICATION FOR A MUSIC THERAPY GRANT FOR A CHILD

Please answer all the questions and send this form to: **Jessie's Fund, 15 Priory Street, YORK, YO1 6ET**
Alternatively it can be saved to your hard disc and emailed as an attachment to info@jessiesfund.org.uk

1	APPLICANT
1.1	Your name (not the child's)
1.2	Your address
1.3	Your telephone number
1.4	Your email address
1.5	Your relationship to the child or children (if any)
1.6	If you work for or represent an organisation, please specify
2	THE CHILD/YOUNG PERSON
2.1	Name of child or young person
2.2	Address (if different from above)
2.3	Date of birth
2.4	Please give brief details of your child's illness or disability, including telling us whether he or she is able to communicate verbally.

2.5	If your child is of school age, please tell us the name of the school attended.
2.6	If your child has previously received music therapy please give brief details including the name of the therapist(s)
2.7	How was any previous music therapy funded?
3	REFERENCES Please supply the name and address of your child's doctor or other health professional.
3.1	Name and Address of doctor/ health professional
3.2	Do you have written support for your application from a professional? If so, please send a copy to us.
4	FUNDING
4.1	Have you made any other applications for funding for music therapy? If so, from whom?
4.2	We may need to prioritise those who have the greatest health and/or financial need. Please put an X the box if you receive <input type="checkbox"/> Income support <input type="checkbox"/> Jobseekers Allowance <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Council Tax Rebate <input type="checkbox"/> Free school meals
4.3	How much are you able to contribute towards the therapy? <input type="checkbox"/> £3 per session <input type="checkbox"/> £5 per session <input type="checkbox"/> £8 per session <input type="checkbox"/> £10 per session <input type="checkbox"/> £15 per session <i>If you need to discuss this please call us on 01904 658189. We want to be able to help as many children as possible with our limited resources; a contribution towards the therapy will allow us to do this.</i>

5	THE THERAPY
5.1	Is there a music therapist with whom you would wish your child to undertake therapy? If so please supply name, email address and phone number.
5.2	Please ask the therapist to supply the following information:
	5.2.1 Qualifications
	5.2.2 The anticipated programme of therapy to be undertaken with your child (eg. number / length of sessions)
	5.2.3 Details of fees

If you would like to add any additional information please do so here. If you need more space you can add a page.

Date: