



Giving young people a sporting chance

INDIVIDUAL SPORTS EQUIPMENTS - APPLICATION FORM

Please return your completed form to:

**The Lord's Taverners Ireland, 9 Glenmaroon Road, Palmerstown, Dublin 20,
D20 HD54**

Before you complete your application, please consider the following:

1. All applications must be typed or completed in Block Capitals.
2. Applications will be accepted from individuals under the age of 25 who have a physical/ sensory/ learning disability.
3. All sections must be completed with as much relevant detail as necessary.
4. A self-help contribution of up to 25% may be required.
5. The wheelchair/adapted equipment will bear Lord's Taverners Ireland branding.
6. Payment of the grant will be made directly to the supplier on presentation of the invoice at the time of delivery and to the product satisfaction of the user.
7. For publicity purposes the successful applicant may be required to be involved in a formal presentation of the wheelchairs / equipment at a Lord's Taverners Ireland event or at the applicant's premises.
8. We would gratefully appreciate acknowledgement of our support e.g. social media, etc.
9. You cannot reapply for funding within two years of receiving a grant
10. Unsuccessful applicants must wait 12 months to reapply.
11. Successful applicants will be expected to provide Lord's Taverners Ireland with annual activity reports and, in the event of the equipment no longer being required or in use, to so advise Lord's Taverners Ireland who may then re-allocate it to other potential users on terms to be negotiated.



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 D20 HD54**

Before sending the application form please ensure:

- You have read through the guidelines
- The case for support is completed by the individual
- Details of two referees are included
- **ALL SECTIONS OF THE APPLICATION FORM ARE COMPLETED**

This application should be completed by the individual requiring a sports equipment.
 If the applicant is under the age of 18 years then the form must be completed by a parent or guardian

SECTION 1 – Contact details	
Name of person making the application:	
Contact Address:	Relationship to wheelchair user if applicable:
County:	Postcode:
Telephone Day:	Telephone Evening:
Mobile:	Email Address:
Name of individual who will benefit from equipment:	
Address of Individual if different from above:	Date of Birth:
County:	Postcode:
	Age in years:
Telephone Day:	Email Address:



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Please provide details of the individual's disability and when it was diagnosed:

Please provide details of the impact the disability has on the individual's daily life and sporting life:

Please give details about the type of school the individual attends and sports activities the individual is offered within the school:

SECTION 2 – Sporting activity

Please give a brief background of the individual's sports participation and achievements to date:

For what sport is the equipment required?

How long have they been playing sport?

What sports club do they belong to?

How long have they belonged to the club?

How often do they attend training sessions?

How long are the training sessions?

If the equipment is not used by the individual, does the applicant agree to return it to the club so other applicants can use it? Yes / No



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SECTION 3 – Funding towards an individual multi-sports equipment

Are you prepared to make a self help contribution towards the purchase of this equipment? Yes / No

Have you applied to another source for assistance with funding? If Yes, please give details, including date of application and outcome:

SECTION 4 – General – please complete all relevant questions

Why is the individual applying for a sports equipment?

Does the individual currently use sport equipment ? Yes / No

Is this equipment replacing existing equipment ? Yes / No

If yes, what's going to happen to the old sport equipment ?

What significant impact do you think having the sports equipment will make to the individual?

What are the individual's future aspirations for the sport they are playing?

Where will the equipment be stored?

How did you hear about funding for the Lord's Taverners?

Received support previously: Yes / No

Website: Yes / No

Event: Yes / No



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Member: Yes / No	Word of Mouth: Yes / No	Another Organisation: Yes / No
Have you applied to the Lord's Taverners before? Yes / No	Was your application successful? Yes / No	
If Yes, what was the date(s) of your application(s)?	How much did you receive?	
How often has this sports equipment been used?		

SECTION 5 – Case for support

In their own words please tell us why the individual feels they would like a sports equipment. This can be handwritten, include drawings, pictures or any other relevant information.

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SECTION 6 – Referees

Please provide details of two people who we may contact to obtain a reference to support your application and who can verify the information that you have supplied. One referee must be linked to a National Governing Body, Irish Wheelchair Association Sport etc

Referee One	
Name:	
Contact Address:	Connection to the applicant:



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County:	Postcode:	
Telephone Day:		Telephone Evening:
Mobile:		Email Address:
Referee Two		
Name:		
Contact Address:		Connection to the applicant:
County:	Postcode:	
Telephone Day:		Telephone Evening:
Mobile:		Email Address:

SECTION 7 – Presentation and Photographs

Should your application be successful, would you agree to a presentation? Yes / No

Are you agreeable to have photographs taken and for the Lord's Taverners to use them for publicity purposes? Yes / No

SECTION 8 – Confirmation and Signature

Please provide any additional information to support your application on no more than one sheet of A4.

I hereby agree that to our knowledge the above information is correct and that we adhere to the guidelines set out by the Lord's Taverners.

Signature:

Relationship to Child if applicable:

Print Name:

Date: