

SHORT BREAKS – PARTICIPATION FUND

Group Application Form

Person completing the application (name, job title, contact details)

Who is the application on behalf of? (Please include contact details if different to above)

Short Break activity identified (including details of service provider if appropriate)

What safeguarding measures are in place?

Barrier preventing children/young people accessing the Short Break

How will this application for funding remove the barrier to accessing a Short Break?

How many children/young people will benefit?

What will the outcomes for the children/young people be?

Details of what is requested and full costs

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I confirm that the information provided is complete and accurate.

Signature:

Print name:

Job title:

Date:

Please return to:

The Short Breaks Team, Disabled Children's Team.

Mount McKinley, Shrewsbury Business Park, Anchorage Avenue, Shrewsbury, SY2
6FG.

Or email it to shortbreaks@shropshire.gov.uk