

## SHORT BREAKS – PARTICIPATION FUND

### Individual Application Form

Professional making/supporting the application (name, job title, contact details)

Child's name, address and D.O.B

Parent/carer's name and contact details

Details of the child's disability/additional needs

Does the child/young person currently receive any support? If so please give details.  
(E.g. DLA, Short Breaks, Assistance in School etc...)

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

What safeguarding measures are in place?

Barrier preventing the child accessing the Short Break

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

What will the outcomes for the child be?

Child's views

Parent/carer's views

Details of what is requested and full costs

**I confirm that the information provided is complete and accurate, and that the parent/carer (and child if appropriate) have given consent for the application to be made.**

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](mailto:shortbreaks@shropshire.gov.uk)