



DOWNRIGHT PERFECT GRANT APPLICATION

We are delighted to offer each person under 25 years old with Down's Syndrome in Dorset (BH or DT postcodes) a financial contribution to access therapies or resources to support their development each year.

For applications received before 31 March 2025, each person may apply for a grant of up to £300. The grant can be used for either:

<p><u>Therapies</u></p> <p>Physiotherapy, Occupational therapy, Speech & Language therapy or Music therapy</p>	<p><i>To get the most out of the grant, you can use it to subsidise blocks of sessions to reduce and spread your costs, for example the grant could be used to pay 50% of the cost of around thirteen 30 minute therapy sessions. However, we recognise that you may not be in a position to pay the remaining 50% and therefore leave it up to you to decide how you would like to use the money.</i></p>
<p><u>Specialist Resources / Equipment</u></p> <p>Such items must be for the purpose of supporting the development of gross motor skills, fine motor skills or speech & language. The item/s must either be (i) recommended by a medical or educational professional, or (ii) be a widely recognised specialist resource to support development including, but not limited to, See & Learn resources, signing resources, training courses, physio/OT therapy equipment, specially adapted equipment.</p>	<p><i>You can either apply for a grant to pay for 100% of the cost of an item or as a contribution to the cost if the item costs more than £300.</i></p>

How it works

1. Complete this application form and return it to us by email (hello@downrightperfect.org).
If you are not known to the charity, we will ask for confirmation of your child's diagnosis in the form of a medical letter/report with any other person or medical details removed.
2. We will confirm whether a grant is available.
3. For applications for therapy costs, we will talk to you and your chosen therapy provider to agree exactly what we are able to cover taking into account their recommendations for your child and their charges.
4. For applications for therapy costs, we will ask your provider to invoice Downright Perfect directly for the contribution we have agreed to cover.
For resources / equipment grants, we will purchase the item and arrange for it to be delivered to you. If the item costs more than the grant amount, we will either transfer you the sum of our contribution and ask you to submit a copy of your invoice/receipt or we will buy the item and ask you to transfer us the difference between the cost and the sum of our contribution.

Each member is eligible for one grant of £300 per 12 month period. At the discretion of the committee members and where there is an apparent developmental need of a member, the committee may bring forward the date on which a member can apply for their next grant (this will not increase the total sum of grant monies received).

By submitting this application, in so far as it is applicable to the nature of your application, you;

1. Save for in exceptional circumstances, commit to attending all appointments or sessions booked which Downright Perfect is contributing towards the cost of.
2. Consent to us communicating with your chosen therapy provider and exchanging information about your child which is necessary to enable us to process your grant.
3. Agree that your therapy provider will inform us if more than 1 session, for which Downright Perfect is contributing towards the cost of, is missed.
4. Consent to us storing the data provided by you and your therapy provider in accordance with our Privacy and Data Protection Policies.

Please note that the total amount we can fund is reviewed annually and may rise or fall subject to funding.

We reserve the right to suspend our financial grants offer at any time without notice.



Dorset Down's Syndrome Support Group

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Application for:	<input type="checkbox"/> Therapy grant	<input type="checkbox"/> Resources / Equipment grant
Parent/carer(s) name:		Child's date of birth:
Child's name:		Child's address:
Email:		Telephone:

THERAPY APPLICATION

Type of therapy:		Proposed therapist:	Name:
			Address:
Type of support:			Email:
<i>E.g. initial assessment, therapy sessions, reports</i>			Telephone:
			<input type="checkbox"/> I would like you to put me in touch with a therapy provider
Is this the first time your child has received this type of therapy?			
Please set out any recommendations from a therapist you have already received			
<i>E.g. the number and/or frequency of sessions</i>			
How would you like the grant to be used?			
<i>E.g. To subsidise 50%/ 75%/ 100% of sessions up to the grant value</i>			

OR

RESOURCES / EQUIPMENT GRANT

Please provide details of the resource / item you would like assistance to purchase including the cost (please include a link if possible):	
Has this resource been recommended by a professional (i.e. therapist, health professional or educational professional)? <i>If so, who? Please provide details of their recommendation.</i>	
Which area of development will this item/s support? (Please note ONLY items supporting these areas of development are eligible for grant funding)	<input type="checkbox"/> Fine motor skills <input type="checkbox"/> Gross motor skills <input type="checkbox"/> Speech & Language

DATE:		SIGNED (PARENT):	
		PRINT NAME:	