



Strictly Private and Confidential Bursary Application Form

Eligibility Guidelines

This application form is for children with autism whose families wish for them to benefit from an Applied Behavioural Analysis (ABA) programme. The Playhouse Foundation is offering bursaries to fully or partially fund Hampshire based families with children of either 2 or 3 years old. Families must be on a combined household income of £50,000 or less to be eligible for a bursary and not currently receiving an ABA programme. In exceptional circumstances, at the trustee's discretion, partial funding maybe available to families with a combined income over the threshold.

Early Intensive Behavioural intervention is an educational programme based on ABA for young children with autism. Parents of successful applicants will be expected to demonstrate commitment to the programme. They must make available one clean living room dedicated to the programme. They will be responsible for recruiting their own tutors and timetabling and fully participate at fortnightly team meetings.

It is anticipated that parents will use the opportunity provided by the ABA programme, enabled with funding provided by The Playhouse Foundation, to proactively gather evidence to try to secure an Educational Health Plan for their child by the end of the first year of the programme. The Trustees cannot guarantee any funding beyond the end of year one of the programme.

The Playhouse Foundation Trustees require parents applying for means tested bursaries complete the application form and provide documentary proof of income, such as a P60 or self-employed tax return. The Trustees also ask for proof of savings and capital assets including details of monthly mortgage or rental payments. The Trustees assess eligibility based on household income, but will make some adjustment to allow for

other dependent children. In addition, parents are asked to submit any professional assessments that may have been carried out in relation to their child's autism to enable the Trustee's to assess needs. Parents are asked to declare that the information they are providing is both accurate and complete. If the information provided is subsequently discovered to be false or misleading, The Playhouse Foundation Trustees reserve the right to withdraw the means tested ABA bursary.

Having returned the completed application form, one of the Trustees will be in contact via the phone to conduct an informal interview. In addition, families shortlisted may require a home visit by one of our consultants to assess the child's needs in more detail.

Before completing this application, please read and sign the declaration notes on pages 10 and 11.

CHILD

a.	Name	
b.	Date of Birth	
c.	Diagnosis (Y/N) and date	
d.	Traits of Autism (e.g. verbal/non-verbal)	

Any other medical conditions:

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1. PARENT/GUARDIAN CONTACT DETAILS

		Father	Mother
a.	Names		
b.	Title		
c.	Address		
d.	Post Code		
e.	Contact Number		
f.	E-mail Address		

2. OTHER CHILDREN

a.	Child name 1	
	Date of birth	
b.	Child name 2	
	Date of birth	
c.	Child name 3	
	Date of birth	
d.	Child name 4	
	Date of birth	

3. PARENTS'/GUARDIANS' OCCUPATIONS

		Father	Mother
a.	Employed (complete employer's name, address and contact number)		
b.	Self Employed (complete type of business)		
c.	Unemployed		
d.	Retired		

4. INCOME

	Per Annum/Month/Week (circle)	Father	Mother
a.	Total GROSS earning of parents (if applicable)		
b.	Benefits income		
c.	Pension income		
d.	Maintenance income		
e.	Other income		
f.	Savings (if applicable)		
g.	Other Assets (if applicable)		

5. OUTGOINGS

	Per Annum/Month/Week (circle)	Father	Mother
a.	Mortgage repayment		
b.	Any other payments e.g, overdrafts, credit cards, loans, etc. <i>(please specify)</i>		
c.	Annual rent payments <i>(if applicable)</i>		
d.	Other commitments <i>(please specify)</i>		

6. VERIFICATION OF INCOME (*please enclose documentary evidence in support of income and outgoings and tick those you are enclosing*)

P60 and P11D		Copy of HMRC tax calculation issued under Self Assessment	
Pay slip		Confirmation of Schedule D self employment income from an independent accountant	
Reports and accounts		Others (<i>please specify</i>)	

7. VERIFICATION OF OUTGOINGS (*please enclose documentary evidence of capital assets and tick those you are enclosing*)

Mortgage statement		Others (<i>please specify</i>)	
Rental payments			

**8. DETAILS OF PROFESSIONAL ASSESSMENTS
CARRIED OUT** (*please list assessments submitted with
this document*)

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**9. DETAILS OF OTHER ORGANISATIONS YOU MAY
HAVE APPLIED TO FOR A GRANT**

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**10. HAVE YOU EVER RECEIVED AN APPLIED
BEHAVIOURAL ANALYSIS PROGRAMME BEFORE?
YES / NO**

If yes, then please provide details:

**11. TELL US ABOUT ABA AND WHY YOU THINK THIS IS
THE BEST PROVISION FOR YOUR CHILD**

**12. ANY ADDITIONAL INFORMATION YOU FEEL WILL
HELP US TO UNDERSTAND YOU, YOUR CHILD AND
YOUR FAMILY CIRCUMSTANCES**

DECLARATION

Please read and sign the declaration:

We/I have read the notes and have made a complete and accurate declaration of our/my income and outgoings.

We/I accept that it is at the Trustees discretion as to how families are selected, and as to whether families are fully or partially funded.

We/I understand that if we/I am offered a Bursary for our/my child and accept a place for him/her within your charity, the following terms and conditions will apply:

- a) to provide one clean living room dedicated to an intensive ABA therapy programme
- b) to be responsible for recruiting and managing our own tutors, including timetabling weekly sessions and submitting signed monthly timesheets along with invoices to The Playhouse Foundation for funding to be released
- c) to fully participate and attend every fortnightly team meeting provided by The Playhouse Foundation
- d) to consent to video footage of our/my child in order to present evidence of progress
- e) to be seen to proactively gather evidence to try to secure an Educational Health Plan throughout the first year
- f) to be proactively applying for LA funding from six months of the first year of our/my child receiving intensive ABA therapy provided by The Playhouse Foundation
- g) the Bursary may be withdrawn or reduced if:
 - (i) we/I have failed to produce any additional information required by The Playhouse Foundation to evidence our/my financial circumstances;
 - (ii) in the opinion of the Trustees, our/my child's attendance, progress or behaviour no longer merits the continuation of the award;
 - (iii) we/I are more than 14 days in arrears in respect of any amount due and owing to the tutors;
 - (iv) there is a material change in our/my circumstances;
 - (v) the Charity's resources are insufficient to maintain the level of award.

h) the Bursary will be withdrawn and the value of any amount of the Bursary previously credited against our/my child's fee account will become repayable to the Charity forthwith if we/I have fraudulently, knowingly or recklessly provided false information in relation to the award of the Bursary.

Parent/Guardian _____ Date _____

PRINT NAME _____

Parent/Guardian _____ Date _____

PRINT NAME _____

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