



It is the intention of The Happy Faces Charitable Trust (“the Trust”) to offer life enhancing assistance to those children or young adults medically and financially challenged, where the assistance offered is outside of the normal care offered by the GHA. The assistance provided may be a life enhancing activity or may relate to medical equipment or similar. If you are in doubt as to whether this is appropriate to the beneficiaries individual needs please complete the form below and we will do our best to advise where help can be readily given if this falls outside the scope of the Trust. All applications will be responded to.

Please note that The Happy Faces Charitable Trust respects the Data Protection Act of 2004 and the confidentiality of each application. The information provided will only be shared with the committee members and professionals named by the applicant below who will be involved in deciding the appropriate level of assistance that can be provided. Should further reference outside of the Trust be necessary the Trust will request the explicit written permission of the applicant to discuss the application with specific professionals appropriate to the individual case.

The Trustees are as follows;

Miss Gina Maskill

Ms Mariana Scanlon

Mr David Abdo

Mrs Sam Weigold

Ms Krystle Robba

Mr Frankie Hatton

*Please complete the form and return to the following address: The Happy Faces Charitable Trust,
22/7 Woodford Cottage, Europa Road, Gibraltar.*

Application for Assistance

Please note that evidence of the information given below may be sought before assistance is provided.

Applicant Details

Name _____

Address _____

Telephone numbers _____

Email address _____

Relationship to beneficiary _____

Beneficiary Details

Name _____ Male/Female *(please delete)*

Address (if different from above) _____

Telephone numbers (if different from above) _____

Email address (if different from above) _____

Beneficiary's date of birth _____

How long has the beneficiary lived at this address? _____

Who is the main carer of the beneficiary _____

Please state which school the beneficiary attends (where appropriate) _____

Medical Details *(please use the reverse of the page or additional sheets where required)*

Please provide information as to the diagnosis of the condition experienced (or please attach a medical report where considered appropriate).

Please provide information as to the impact on the beneficiary's every day life the condition poses.

Communication issues _____

Feeding issues _____

Sensory deprivation _____

Mobility issues _____

Behavioural issues _____

Learning difficulties _____

Other _____

Please advise the prognosis of the condition together with treatment continuing to be received.

Please advise when this condition was first diagnosed.

Please provide the consultant and/or Dr's name of the beneficiary.

Please provide the name of the Social Services/carer representative involved.

Please advise the nature of the assistance sought from The Happy Faces Charitable Trust.

Please advise when the assistance is required, or if it is time critical.

Applicant signature _____ **Date** _____

(By signing, the applicant is accepting that they are authorised to apply for assistance on behalf of the beneficiary, that the information given above is accurate, and that permission is given to the Trust to discuss this case with the committee members and medical/social services members named above.)

The Happy Faces Charitable Trust has been registered under the Gibraltar Charities Commission, number 195. The registered address of the Trust is 22/7 Woodford Cottage, Europa Road, Gibraltar.