



Please keep a copy of this application. Remember to get your application signed by a member of your county or country/region team with specialist knowledge of additional needs, along with your local commissioner.

## Accessible guiding grant application form

Your name  Your membership no.

Email address

Unit  Unit level number

Membership number(s) for the individual(s) who will benefit from the grant

Please write the name the cheque should be made payable to if granted (this should be a unit or other Girlguiding account):

### Please answer the following questions:

How will the grant be used? (Please tick all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> The cost of one to one support for members with additional needs to attend a trip, camp or holiday (this must be their only role at the event) | <input type="checkbox"/> Specialist equipment and resources purchased specifically to enable an individual to take part in guiding activities               |
| <input type="checkbox"/> Providing support to make activities more accessible for members at Girlguiding events   | <input type="checkbox"/> Training and development to promote awareness of individuals' needs or practical knowledge to support young members and volunteers |
| <input type="checkbox"/> Accessible transport for members with additional needs to attend a trip, camp or holiday   | <input type="checkbox"/> Providing communication support to members or volunteers during guiding events   |
| <input type="checkbox"/> Other (please specify)   |   |

Please provide more details about what you are applying for and why.

How much are you applying for?

Please breakdown the costs and, if possible, provide evidence of these costs alongside the application. For example your budget per person for the trip, any invoices or receipts.

I,  (Print name)  
confirm that, if the grant is accepted, the money will be used for the stated purpose or returned to Girlguiding.

Signed  Date

### Approval of local commissioner

Name  Membership no.

Role

I,  (Print name)  
have checked this application, support it and can confirm that the application details are accurate.

Signed  Date

## Approval of a member of your county or country/region team with specialist knowledge of additional needs

Name  Membership no.

Role

I,  (Print name)

have checked this application, support it and can confirm that the application details are accurate.

Signed  Date

You can send the application either by email to [grantsandfunds@girlguiding.org.uk](mailto:grantsandfunds@girlguiding.org.uk) or by post to:

Grants  
17-19 Buckingham Palace Road  
London  
SW1W 0PT

Please keep a copy of the application.

We will reach a decision and let you know within one month.

Please note that grant applications sent in retrospectively will not be accepted.

## What will you do with my data?

It's simple. We need the information you share with us to run our exciting activities and to satisfy our legal responsibilities. We'll keep your data safe.

We promise we'll only share your information if:

- you ask us to
- the law requires us
- in order to comply with our policies
- we carry out market research
- it's in the public interest

Don't worry - we'll never sell your data or share it for any other reason.

Girlguiding is the registered data controller\* for all our members' personal information, both in the UK and around the world.

Want to find out more about how we use your information - and your rights?  
Visit [girlguiding.org.uk/privacy-policy](https://www.girlguiding.org.uk/privacy-policy)

\* The organisation that manages and looks after your data