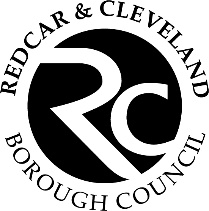
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**Application for Disability Access Fund (DAF)**

|  |  |
| --- | --- |
| **Name of Provision** |  |
| **Contact details** |  |
| **Name of Child** |  |
| **Date of Birth** |  |
| **Parents Name** |  |
| **Address and phone number** |  |
| **DLA award letter included** |  |
| **Details of funding expenditure e.g. equipment** | |
|  | |
| **How will this improve outcomes for the child?** | |
|  | |

Signed:

Date:

**Office Use**

|  |  |
| --- | --- |
| **Action** | **Date** |
| DLA award letter seen and copy scanned |  |
| DLA award letter returned to parent |  |
| DAF decision letter sent to parent |  |