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

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| --- | --- |
| **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 |  |