## Before you start

As the Potential Star applying for support is a minor, we please ask that both the **Collaborator** (teacher, tutor, club runner etc i.e. the person in a responsible role at the organisation where our Stars can learn and thrive) and the **Potential Star**, fill out this application form together.

Please download this form and save onto your device. Once complete, please return to us at info@SanjayMortimerFoundation.org, along with any necessary supporting documentation.

Please read the **SMF Application Guidance** which explains who can apply, the application process, examples of support and how the trustees arrive at their decision.

Collaborators, please also read our **SMF Terms of Support** before completing this form. If your potential star is successful, you will need to sign these terms for support to be offered.

All data collected in this form will be kept confidential and in line with the **SMF Private Policy.** These guidelines, terms and policies can be found on our website: [www.SanjayMortimerFoundation.org](http://www.SanjayMortimerFoundation.org)

If you have any queries or would like a call to discuss a potential applicant, please do not hesitate to contact us via the above email.

We wish you the best of luck with your application.

Team SMF

## Collaborator/Organisation Details

[to be filled in by the Collaborator]

|  |  |
| --- | --- |
| 1. Full Name
 | Click or tap here to enter text. |
| 1. Job Title
 | Click or tap here to enter text. |
| 1. Organisation Name
 | Click or tap here to enter text. |
| 1. Contact Number
 | Click or tap here to enter text. |
| 1. Contact Email
 | Click or tap here to enter text. |
| 1. Website
 | Click or tap here to enter text. |
| 1. Charity registration no.

*(if applicable)* | Click or tap here to enter text. |
| 1. What is your organisation?

*(for other, please write in the box)* | Choose an item. |
| 1. Confirmation

As part of our due diligence, The SMF may ask you for proof that you have the relevant policies and practices in place to provide a safe environment for young people to learn.  Please confirm, where necessary, that your organisation… |
| * carries out background (DBS) checks where relevant?
 | Yes [ ]  | No [ ]  |
| * has a Safeguarding policy which is reviewed in line with legislation?
 | Yes [ ]  | No [ ]  |
| * has staff that have the correct training and qualifications within the field of your activities.
 | Yes [ ]  | No [ ]  |
| * has a maintained and updated risk register?
 | Yes [ ]  | No [ ]  |
| * has a maintained and up to date accident and incident book?
 | Yes [ ]  | No [ ]  |
| * securely retains records and has a data policy in place?
 | Yes [ ]  | No [ ]  |
| * has insurance that is up to date?
 | Yes [ ]  | No [ ]  |
| * can confirm that they are not in any financial difficulties?
 | Yes [ ]  | No [ ]  |
| * We may ask to see copies of relevant documents. Please confirm you are happy to provide these on request.
 | Yes [ ]  | No [ ]  |
| 1. If you answered ‘No’ to any of question 9, please provide further information here
 | Click or tap here to enter text. |

## Potential SMF Star Details

[to be filled in by the Potential Star]

|  |  |
| --- | --- |
| 1. Full Name
 | Click or tap here to enter text. |
| 1. Date of Birth
 | Click or tap to enter a date. |
| 1. Age
 | Click or tap here to enter text. |
| 1. Education level

*(if other, please write in the box)* | Choose an item. |
| 1. Contact email
 | Click or tap here to enter text. |
| 1. Contact Number
 | Click or tap here to enter text. |
| 1. Do you have an official diagnosis of your neurodiversity?
 | Yes [ ]  | No [ ]  |
| 1. Please tell us what you have been diagnosed with or suspect you have.

*(Please see SMF Application Guidance for all types of neurodiversity covered)* | Click or tap here to enter text. |
| 1. Please tell us what you will be submitting as proof of diagnosis e.g. SEND Statement, EHCP, Doctor’s diagnosis etc.

*(If you are on a waiting list, please submit a letter from your GP, School, NHS Specialist, or similar, confirming that you are on a waiting list)* | Click or tap here to enter text. |

## Potential Star’s Guardian Confirmation

[to be filled in by the Collaborator]

|  |  |  |
| --- | --- | --- |
| 1. I confirm that the potential star’s guardians are fully aware of this application and that they agree to it in full.
 | Yes [ ]  | No [ ]  |

## Personal Statement

[to be filled in by the Potential Star]

1. In this section we'd like to understand you, your condition, how it effects your day-to-day life, what challenges you face, what you enjoy doing, an example of something you’ve achieved that you’re particularly proud of and, if you know at this stage, how you feel the SMF might be able to support you.
The **SMF Application Guidance** document details examples of how we may assist but we are open to discussing individuals on a case-by-case basis.

|  |
| --- |
| Click or tap here to enter text. |

## Collaborator Statement

[to be filled in by the Collaborator]

1. Please provide a reference or support of what your potential star has told us, and anything else you’d like to add.

|  |
| --- |
| Click or tap here to enter text. |

## Declaration

|  |  |
| --- | --- |
| 1. I, the Collaborator, declare that every statement of fact in this form is substantially correct, and every statement which is a matter of expectation or belief, is made in good faith.
 | Choose an item. |
| 1. I, the Potential Star, declare that every statement of fact in this form is substantially correct, and every statement which is a matter of expectation or belief, is made in good faith.
 | Choose an item. |

Please send this application form and any supporting documentation to info@SanjayMortimerFoundation.org with ‘SMF Application’ in the subject box.

Thank you and we wish you the best of luck with your application.

Team SMF