## Before you start

Before filling in this form, you will need to identify your **Collaborator**. This is a teacher, tutor, club runner, lecturer, professional mentor or employer who knows you well and will act as your referee. They will also help report on the impact our support has had on you. If you do not have a collaborator at this stage, please ask a parent or guardian to fill in these fields where they can.

Please read the [**SMF Application Guidance**](https://www.sanjaymortimerfoundation.org/_files/ugd/160c90_f0a05cbdf0944e5a9247bfe46de1ab90.pdf) which explains who can apply, the application process, examples of support and how the trustees arrive at their decision.

Collaborators, please also read our [**Collaboration Agreement**](https://www.sanjaymortimerfoundation.org/_files/ugd/160c90_c41c2be8c85b48a5b6b946dc595db3e9.pdf). 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**](https://www.sanjaymortimerfoundation.org/_files/ugd/160c90_e61e08981f4745bd80fa56c15bf9977d.pdf)**.** These guidelines, terms and policies can all be found on our website: [www.SanjayMortimerFoundation.org](http://www.SanjayMortimerFoundation.org)

If you have any queries or would like a call to discuss an application, please do not hesitate to contact us via info@sanjaymortimerfoundation.org.

We wish you the best of luck with your application.

Team SMF

## Collaborator/Organisation Details

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Collaborator’s Full Name |  | | |
| 1. Job Title |  | | |
| 1. Organisation Name |  | | |
| 1. Contact Number |  | | |
| 1. Contact Email |  | | |
| 1. Website |  | | |
| 1. Charity registration no.   *(if applicable)* |  | | |
| 1. What is your organisation?   *(school, uni, makerspace etc)* |  | | |
| 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 ensure our stars are being supported appropriately.  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 |  | | |

## Potential SMF Star Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Full Name |  | | | |
| 1. Date of Birth |  | | | |
| 1. Age |  | | | |
| 1. Education level / work status   *(school, college or university year, working, out of work etc)* |  | | | |
| 1. Contact email |  | | | |
| 1. Contact Number |  | | | |
| 1. Contact Address |  | | | |
| 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)* | |  | | |
| 1. Please tell us what you will be submitting as proof of diagnosis e.g. SEND Statement, EHCP, Doctor’s diagnosis etc, and attach a copy here.   *(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.*  *We do not need full reports, only a front cover page that states your neurodiverse diagnosis. Please feel free to black out any additional personal information that you do not wish to share)* | | | | |
| Name of document: | | Upload: | | |

## Personal Statement

1. In this section we'd like to understand you, your condition, what challenges you face, what you enjoy doing, and an example of something you’ve achieved that you’re particularly proud of.

**If you know at this stage how you feel the SMF might be able to support you, please detail this here with reasons why this support will help further your education in your chosen area.**

If you are interested in course(s) or resources/equipment, please provide links to these, so we may understand them fully.  
The [**SMF Application Guidance**](https://www.sanjaymortimerfoundation.org/_files/ugd/160c90_f0a05cbdf0944e5a9247bfe46de1ab90.pdf) document details examples of how we may assist but we are open to discussing individuals on a case-by-case basis.

|  |
| --- |
|  |

## Collaborator Statement / Reference

1. Please provide a reference in support of what your potential star has told us, and anything else you’d like to add to highlight the impact our support would have on them.

|  |
| --- |
|  |

## 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. | |
|  |  |
| 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. | |
|  |  |

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

Team SMF