

South West Wiltshire Area Board Youth Project Funding Application Form 2013/14

Name of Court of the Court of t
Name of Group: HINDON PLAY Chound FOR ALL
Number of young people in group: NNE
Name of person applying: Age: PARENT OF SPECIAL NEEDS CHILD
Contact email:
Contact phone number:
Contact address:
1. What do you want the funding for (describe what your project is about)?
PROVIDING A STEERED NEEDS NEST SWING IN HINDON PLAYCHOUND THE EXISTING PLAY EQUIPMENT IS NOT SUITABLE FOR THE SPECIAL NEEDS CHILDREN IN OUR VILLAGE AND SURROUNDING VILLAGES WHO WISH TO BE INCLUDED IN PLAY.
2. Where will the project take place?
MUDDY PLAY CHOUND
3. When will the project take place?
MS SOON MJ FUNDS WILL ALLOW
4. What will be the benefits of the project for the young people involved / the local community (e.g. leading healthier lifestyles / keeping physically healthy, learning new skills, making a positive contribution, access to transport or other services, challenging bullying or discrimination)
PLAY AND RECREATION HEAZTH AND LIFESTYLE DEVELOPEMENT SKILLS
PLAY ADVENTURES SAMBFY SPECIAL NEEDS
SATISTY SPECIAL NEEDS
5. How much funding do you want from the Area Board? (standard grants up to £1000)

£ 1000