

BACKFLIP GYMNASTICS

The Backflip Foundation Fund Application for Foundation Place

The Backflip Foundation Fund enables children from all backgrounds to benefit from attending classes at Backflip Gymnastics. Selected children are offered free places at their local Backflip Gymnastics centre where they enjoy our unique gymnastic syllabus to develop their fitness, confidence, and gymnastic skills.

HOW TO COMPLETE THIS FORM:

- 1) Complete Section 1 yourself; PLEASE READ ALL INSTRUCTIONS CAREFULLY.
- 2) Email the form to info@backflipgymnastics.com.
- 3) Ask your referee to complete Section 2 of this form then send it to us in the email address provided.
- 4) Both pages of the application must be submitted together. Please do not split the form as it will invalidate your application.

Please write the complete name, address, and child details in block capitals. Please complete both carer details.

SECTION 1

YOUR CHILD

SURNAME:

FIRST NAME:

DATE OF BIRTH:

AGE:

MALE/FEMALE:

PRIMARY SCHOOL:

IS THIS SCHOOL (INDEPENDENT/STATE/SPECIAL NEEDS/OTHER):

SIBLING DETAILS:

Name(s), age(s), and

gender(s)

Does your child, or has your child ever participated in any extra-curricular activities? If so, please detail them here.

PARENT/CARER 1 (Complete fully)

FULL NAME & TITLE:

ADDRESS:

TOWN:

POSTCODE:

OCCUPATION:

TEL. NUMBER:

EMAIL ADDRESS:

PARENT/CARER 2 (Complete fully)

FULL NAME & TITLE:

ADDRESS:

TOWN:

POSTCODE:

OCCUPATION:

TEL. NUMBER:

EMAIL ADDRESS:

PREFERRED CONTACT NAME:

INCOME

Write on the line the figures that represents your annual household income. (You can choose from the choices below.

£0 - £20,000	£20,001 - £26,000	£26,001 - £40,000	£40,001 - £60,000	£60,000 +
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Are there any financial circumstances that you would like us to make us aware of?

Please give details of any child maintenance payments or other financial support being received.

PREFERRED BACKFLIP GYMNASTICS CENTRE:

How do you feel that _____ (child's full name) would benefit from a Backflip Foundation Fund? Please answer in no more than 150 words.

I understand the questions on the form and have given full and accurate responses to them. I acknowledge that any annual foundation place awarded as a result of this application will continue for one year subject to good attendance rates (at least 80% of sessions each term) and good conduct, commitment, and progress in the classes in the opinion of the Backflip Gymnastics Producer.

SIGNED:

DATED:

If your application is declined and you would like a response, please tick this box and include your email address in your contact details.

SECTION 2: To be completed by a referee (must be a teacher at your child's school who knows the child well).

REFEREE DETAILS

FULL NAME AND TITLE:

CAN WE CONTACT YOU ABOUT THIS APPLICATION? (YES/NO)

POSITION:

TEL. NO.

ORGANISATION:

THE CHILD

Please detail in what capacity you know the child and how long you have known them.

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Do you feel that this child would benefit from the Backflip Foundation Fund? If so, please explain how below.

SIGNED (referee):

DATED:

