

**Down Syndrome Ireland**  
**Waterford Branch**  
**2013 Members Funding Form**

This form may be used by members or on behalf of members to request funding under the members funding scheme which was approved at the branch Meeting of 13<sup>th</sup> February 2013. This was circulated to all members as part of the Branch Meeting mailing. A copy of the scheme is available on request.

Under the agreed funding scheme, 50% or 100% of qualifying expenses will be paid, up to a maximum of €600 for 2013. Qualifying expenses are clearly set out in the scheme. Please do not claim for non-qualifying expenses as they will not be paid. An appeal may be lodged with the committee for where expected expenses are not paid.

Funding will not be issued without receipts, and letters of recommendation and/or evidence of VAT reclaim where required. Receipts will not be returned but copies of receipts are acceptable. Funding will not be paid without a completed and signed funding form. Expenditure must have been incurred in 2013. The questionnaire overleaf must be completed and signed.

**Name** .....

**Address** .....

**Mobile Number and/or email:** .....

**Members Name** .....

Date	Details of Expenditure	Total Expenditure €	Amount paid @ 50% of receipted expenses*	Amount paid @ 100% of receipted expenses*
TOTALS PAID @ 50% & 100%*				
TOTAL PAID THIS CLAIM*				
Cumulated Funding for 2013*				

*\*These fields to be completed by the treasurer.*

<p><b>CHECKLIST: Claim will only be paid where;</b></p> <p><input type="checkbox"/> Receipts for all expenditure are enclosed</p> <p><input type="checkbox"/> Evidence of a VAT refund and/or letter from Doctor/Therapist is enclosed for aids/appliances</p> <p><input type="checkbox"/> The questionnaire overleaf is completed</p>
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**Signature of Claimant:**

**Date of Application:**

## Down Syndrome Ireland

### Waterford Branch

### BRANCH PARTICIPATION QUESTIONNAIRE

I, and/or members of my family, or other nominated friends or acquaintances, will be available to participate in the following branch activities during the current year or in the next 12 months;

Yes/No

Serve on Branch committee or help with Branch administration. If you have any qualifications or skills that would benefit the branch (e.g. bookkeeping, secretarial) and you can volunteer some time, please specify:	
Help out with the website, DSI magazine or other Branch communications.	
Volunteer as helper for Chillax or other Branch activities (over 18)	
Church Gate Collection in your locality.	
Street collections, sponsorship cards, raffle tickets and other fundraising.	
Honey Pots collection in your local Supermarket in October	
Volunteer for parent-link	
Arrange or help out at an Ice-Cream party	
Organise a new branch activity (specify):	
Other (specify):	

**Signature:**

**Date:**