



# INFORMATION FORM

DATE:

## A - Name and address of your Organisation:

Name of your Organisation : .....

Registered Charity Number:..... Created:...../...../..... By:.....

Contact Full Name : ..... Function: .....

Address : .....

City : ..... Postal Code: ..... Country: .....

Office N°: ..... Fax N° : ..... Email : .....

Web Site: ..... Cell N° : .....

**By which means do you know "The Frankie Foundation for Children"?:**

Web site  By an acquaintance  Charity Commission  By our Call

## B - Purpose of your organisation:

## C - Head Office : ( To be completed if the name of your organisation is not identical to the Head Office)

Name of the Head Office: ..... Created on the: ..... Président : .....

Address : ..... Postal Code: ..... City : .....

## D - Are there other sectors? Number:.....

Name's sector : .....	City : .....	Number of children in charge : .....
Name's sector : .....	City : .....	Number of children in charge : .....
Name's sector : .....	City : .....	Number of children in charge : .....

## E - Children in your Organisation

Pathology of children :  sick  disadvantaged  disabled  homeless

How many Children are you in charge of:

How old are the children:

How many children are in wheelchairs:

How many cultural and fun outings or workshops are you doing every year with these Children?:

Would you like to be invited to our outings :  Yes  No

During outings, who supervises the children :  Parent with his child  
 1 staff of your organisation with childrens (Groups)

Do you receive a Government Grant ? :  Yes  No

## F- Transportation

To make your outings to London, you will use :

Car  Minibus or Private Bus  Taxi Association

City Bus / Train  Rental Bus

## G - Your Needs

Hardware  Other: \_\_\_\_\_

Food package  Your Project: \_\_\_\_\_

Hygiene Products \_\_\_\_\_

Games, Books, CD's etc. \_\_\_\_\_

Medical Equipment \_\_\_\_\_

Clothing \_\_\_\_\_