Youth Services Grant 2025/26

Application Form

(PLEASE COMPLETE ELECTRONICALLY)

Name of Organisation	Springfield School Parent Teacher Association		
Registered Address (including Post Code)	Springfield School, Bronze I	Barrow, Cedar	^r Drive, Witney, OX28 1AR
Website	https://www.springfield.oxo n.sch.uk/friends-of- springfield-school/	Telephone	01993 862976
Facebook/Twitter	https://www.facebook.com/ groups/601604206905238/	Email	friends@springfieldwitney.co .uk
Contact Name	Christina Waddilove		<u></u>
Position in Organisation	Treasurer (i.e. Ch	airman, Treasurer,	Secretary)
Registered Charity	YES	Registration Number	309567
,	nefit of our special needs pu enrich the experience of the	, pupils and als	nd Springfield School. We aim o provide the families support in mind.

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Organisation

Membership		
How many members do you have?	400+	_
Approximately how many of your members live in Witney?	200+	
Is membership restricted in any way? Parents/ ca pupils / staff and friends of Springfield Special ne		

school	
What is your annual subscription, if any?	N/A
Are you affiliated to Oxfordshire Youth or other similar umbrella organisation? If so, which one?	No
Do you have safeguarding procedures in place?	We follow the school Policy
Local venue/meeting place (if applicable)	Springfield School, Cedar Drive, Witney
Grant-Funding	
Purpose for which the grant is required:We would like t to have theraputic horse riding sessions again through local charity.	,

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Amount of grant applied for		£2850	
Has your organisation previously a	applied to the Town Co	ouncil for a grant?	YES
If YES, please give details	£50 anniversary gran	t accepted	
Have you applied for a grant to an	y other body or organi	sation?	NO
If YES, please give details			
Financial	·		
Please enclose a copy of your late the balance sheet or a Business P			period following
Fundraising			

What fundraising events or activities will your organisation be holding this year?

We have held a family disco, Easter Trail and due to hold a summer party and attend Witney Carnival. We plan on holding a sponsored walk and wheel in September and have already had members of the cominity run the marathon for us and take part in a charity boxing match.

General

Please provide or attach any additional information which may assist the Council in reaching its decision.

The PTA has been inactive for several years and they used to pay for this experience for the children, so they have been missing out on this. We are newly reformed so are starting from scratch and therefore trying to raise funds.

We are asking for an amount which would cover 1 session a week for a year as a start (we would need at least 2 sessions but we have already started fundraising).

The children find the sessions so valuable and enriching and physically benefical. It helps with sensory regulation, coordination and communication skills.

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I certify that the above information is true to the best of my knowledge and belief, and that I am authorised to make this application for Grant-aid.	
Signed: Christina Waddilove	Date: 09/06/2025

If posting, please return your completed application form to the address overleaf, for the attention of the TOWN CLERK

For office use only:			
Acknowledged		Previously Applied	
Grant Aid Awarded/Amount	Y / N	Chq No.	

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