APPLICATION FORM FOR A GRANT/DONATION
FROM HAYDON WICK PARISH COUNCIL
APPLICATION DEADLINES: 31 MAY; 30 SEPTEMBER & 31 JANUARY ANNUALLY

Name of Organisation	Sherni Counselling and Mediation
Charity Registration Number (if known)	
Contact Name and address	Kay 124 City Road, London, EC1V 2NX (lives in Swindon)
Telephone No	07947124111
Email address	krishna@sherni.uk
Position held in Organisation	Director

Amount requested	500
How much will the whole project cost?	500
Are you applying to other grant making bodies	No
If Yes who have you applied to	N/A

Reason for application (please continue on another sheet if necessary)	Reason for application: I am applying for this grant to support the setup and running costs of a new weekly children's group counselling initiative in Haydon Wick. Many children struggle to talk openly about issues such as bullying, anxiety, friendships, or family difficulties, and without early support these challenges can escalate into long-term mental health difficulties in adulthood. This group will provide a safe, supportive environment for children aged 10–15 to share their feelings, build resilience, and learn coping strategies. As a registered Mediator counsellor and psychotherapist (MBACP, BAATN), I will ensure that the sessions are delivered to a high professional standard, with safeguarding and confidentiality at the core. I also am a level 3 youth worker qualified. The funding will help cover room hire, resources, and snacks, allowing us to keep the sessions affordable so that all local families at extra £4 a session per child. The payment per child covers my time for group therapy. I will have maximum of 12 children per session. By reducing barriers to early mental health intervention, this project will directly help the wellbeing of local young people and contribute positively to the wider community. I believe a lot of adult trauma stems from childhood and I want to try and tackle this.

Bank details (should an award be made) **or** A cheque can be raised if preferred	Sort code: 040004 Account number: 82410257 Account name: K Ubhi **or** Cheque payable to:

Declaration:

I confirm that, to the best of my knowledge and belief, all the information in this application is true and correct.

Your Name	K Ubhi
Your Signature	K Ubhi
Date	25th September 2025

Checklist:

☐ Read the Guidelines

☐ Ensure all questions are answered

☐ Have you enclosed the most recent certified accounts if you are applying for a sum in excess of £500. Applications over £500 should also submit a project and business plan

☐ Make a copy of this form for your reference

Enclose a copy of your Constitution if you are a registered charity

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For office use only:

Grant agreed?	Yes/No	
If yes, at which meeting	Date	Minute No
Sum agreed	£	
Date payment made or cheque sent		
Cheque Number		