

## APPLICATION FOR THERAPY FUNDING

Internet Sense First | Premier Sens Internet raises funds for much-needed therapy for Internet child exploitation victims (specifically victims of child pornography) across Canada. We are a compassionate group of volunteers who believe children are the most vulnerable in this digital age.

Eligible victims are defined as being under the age of 18. Parents/caregivers must apply and give the name of the referring professional (physician, therapist). Funding will be given directly to the therapy professional, based on discussion and invoices with the parent/caregiver. The therapist must be registered with full qualifications in the province of residence, or federally.

A criminal background check of the suggested therapist may be requested, under specific circumstances. The criminal background check must be arranged by the applicant. If the background check is requested, a record of the check must be submitted with the application. Costs will be reimbursed by us.

How to apply:

We do not accept applications via email because of confidentiality. Please complete this form and mail the package, complete with therapist referral, to:

Internet Sense First | Premier Sens Internet  
90 Riverside Drive  
London, Ontario

Deadlines: May 30<sup>th</sup> and November 30<sup>th</sup> of the calendar year

The maximum payable to an eligible recipient per approved application is \$750. An applicant can apply for two grants, with a maximum for any individual being \$1,500.

Complete application check list:

- Application Form, complete with requested signatures
- Physician/therapist referral documentation.
- Criminal background check of therapist
- If parents/caregivers are separated, copy of the cover page and the page giving custody in the separation agreement to the applicant parent/caregiver.

APPLICATION FORM PART ONE:

DATE OF COMPLETION: \_\_\_\_\_

Internet Sense First | Premier Sens Internet receives many requests for support. Unfortunately, we cannot meet all needs. The following questions need to be answered. Please be as factual as possible.

1. Briefly describe the situation that caused the trauma for the child and the emotional challenges the child is facing. If additional space is required, please attach another sheet with the child's name at the top, numbered beginning with "Page 2".



PART TWO:  
PLEASE PRINT LEGIBLY

DATE OF COMPLETION: \_\_\_\_\_

APPLICANT INFORMATION:

Last Name of child:	First Name of child:
Date of Birth (dd-mm-yyyy)	Gender of child
Last name of parent one:	First name of parent one
Last name of parent two:	First name of parent two
Permanent address in full:	Mailing address if different from permanent address:
Telephone Number that is best for contact:	Email address (specific information will not be transmitted via email)
Have you applied for funding previously? _____ yes. _____ no	If you answered yes, when? (dd-mm-yyyy)

THERAPIST INFORMATION  
PLEASE PRINT LEGIBLY

DATE OF COMPLETION: \_\_\_\_\_

Address and province of practice:	List certifications and registration/license number
Full address with postal code	Email address
Telephone Number	Fax Number
Website	Is this a private practice or are there other therapists in the office that can be accessed for the same purpose.  _____yes. _____no
Signature of therapist indicating approval their services are being recommended, and indicating their acceptance of the child named herein for therapy/counselling within their practice:	

PARENT INFORMATION AND CONSENT  
PLEASE PRINT LEGIBLY

DATE OF COMPLETION: \_\_\_\_\_

Name of parent/caregiver one	Name of parent/caregiver two
<p><b>Signature of parent/caregiver one</b> indicating knowledge and approval of this application, and agreement that the information provided in this application and supporting documentation is true, accurate, and complete in every respect. If the information described is false or misleading, I realize I may be required to repay all or some of the financial assistance received for my child. I also confirm I am authorized to make this application on behalf of my child.</p>	<p><b>Signature of parent/caregiver two</b> indicating knowledge and approval of this application, and agreement that the information provided in this application and supporting documentation is true, accurate, and complete in every respect. If the information described is false or misleading, I realize I may be required to repay all or some of the financial assistance received for my child. I also confirm I am authorized to make this application on behalf of my child.</p>
<p>Parent one is (please respond yes or no)</p> <p>Living with other parent. _____ If yes, please disregard following questions)</p> <p>Separated from other parent _____</p> <p>If separated, custodial parent _____</p> <p>If separated, shared parenting _____</p> <p>If separated, is able to make decisions based on the separation agreement _____</p> <p>If separated, is able to discuss this child with Internet Sense First based on the separation agreement _____</p>	<p>Parent two is (please respond yes or no)</p> <p>Living with other parent. _____ If yes, please disregard following questions)</p> <p>Separated from other parent _____</p> <p>If separated, custodial parent _____</p> <p>If separated, shared parenting _____</p> <p>If separated, is able to make decisions based on the separation agreement _____</p> <p>If separated, is able to discuss this child with Internet Sense First based on the separation agreement _____</p>

Internet Sense First | Premier Sens Internet assures all applicants the information provided will be maintained in strict confidence. You are encouraged to reapply for the next application cycle if we are unable to meet your needs at this time.