



**Project Awards
for People who Use
Augmentative
Communication
in Scotland
2010**



FACCT
Auchterderran Centre
Woodend Road
Cardenden
Fife KY5 ONE
Tel. 01592 583375
Email facct.aac@fife.gov.uk

Project Awards for People who use Augmentative Communication

The organising committee of the annual *Augmentative Communication in Practice: Scotland Study Day* have made available a sum of up to £2,000 for a number of activity-based projects, which **must directly involve** one or more users of an augmentative communication system in Scotland. A primary aim of any project is to provide opportunities to develop communication skills and encourage the use of Augmentative and Alternative Communication (AAC).

Applications from users of augmentative communication systems are particularly welcome. All applications must be accompanied by a supporting letter from a professional who knows the person well, e.g. speech and language therapist, teacher, doctor, physiotherapist, occupational therapist.

Possible projects might include:

- user attendance at a conference or event.
- organising an event that brings together people who use augmentative communication systems
- a visit to a multi-sensory play facility
- an activity undertaken to fulfil an ambition

Project money cannot be used to pay for a communication aid, or similar equipment, or for training.

Completed applications should be returned to FACCT at the above address.

Applicants should be informed of the outcome of their applications within a month. Successful applicants would be expected to provide appropriate feedback on the outcome of their project.

Project participants should take out insurance for their activity if this is required.

Project Awards for Users of Augmentative Communication

Please complete this form and return it to FACCT at the address below.

FACCT
Auchterderran Centre
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Fife KY5 0NE
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APPLICATION FORM

Name

Address

Phone Number

Email address (if appropriate)

Title of Project

Name of Person providing Supporting Letter

Their address

Their phone number

(Please complete second page of application)

For Office Use

Reference No.

APPLICATION FORM (continued)

Title of Project

Description of Project

Why do you want to do this project?

When do you hope to start and finish the project?

What would be the outcome of the project for you and the other participants?

What would be the total cost of the project, approximately?

How much money are you asking for in this application?

How many people who use AAC would be involved in this project?

What is their approximate age range?

What types of AAC systems are they using?