



### APPLICATION FOR FUNDING

<b>Name of Applicant</b>	
<b>Name of recipient if not the applicant</b>	
<b>Age of the recipient</b>	
<b>Relationship of applicant to recipient</b>	
<b>Applicants/Recipient contact details</b> (Delete as appropriate)	<b>Address:</b>  <b>Phone:</b> <b>Email:</b>
<b>Reason for application</b> – include medical condition and purpose of the funds and provider of the support to be funded. Please complete over page, maximum 1 side A4	
<b>Amount applied for</b>	£
<b>Bank details: Recipient / Provider</b> (delete as appropriate)  Account no. Sort Code Name of account holder	

Publicity for the charity: Please tick the appropriate box:

- I agree that any of this information may be used for publicity purposes by the charity.  
 I do not give permission for any of this information to be used for publicity purposes by the charity.  
 I wish to be contacted before I give permission for any details to be used for publicity purposes by the charity.

Office Use Only:

<b>Approved</b>	<b>Yes / No</b>	<b>Amount:</b>
<b>Signed</b>	<b>Trustee:</b>	<b>Date</b>
<b>Paid</b>	<b>Date :</b>	<b>Initials:</b>

If the application is approved this form will be kept on file for 7 years. If not approved, the form will be destroyed at the end of the financial year. The Charity reserves the right to follow up after the funds have been issued.