



Registered Charity No. 1126241

APPLICATION FORM For Individuals, Families or Organisations

(No details given below will be shared with any other third party without consent)

Please send completed forms to: **8, Kings Avenue, Sunbury on Thames, TW16 7QE**

Everything in **RED MUST** be completed in full where applicable

Applicants Name (Parent or Young Person or Organisation
Representative)

Applicants Address.....

.....Postcode.....

Landline Telephone Number.....Mobile.....

**Email address.....

Name of Organisation

Name of Child/Young person.....

Family name and address (if different from above).....

.....Postcode.....**Family Mobile.....

**Family email address.....

Child/Young Person's Date of Birth.....Age.....

Briefly outline their medical condition(s) and treatment plan (please include some detail of how this affects their life and how that impacts on the family) Please attach copy of a recent medical report or doctor's letter to confirm details. This **must** be on headed paper and signed. Thank you. We cannot proceed without these documents.

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How much are you applying for? £..... When is it needed?

What is the grant to be used for? General funding Specific use

What percentage of the total cost is being applied for here? (e.g. 10%, 25% 100%)%

Has the organisation, individual or family received other funding from any other body? **YES / NO** (circle)

If yes, from which organisation?

Are you receiving any government benefits? YES / NO If yes, which ones. No need to say how much.

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Please give a short description of the item(s) / service(s) needed.

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How do you think this grant will improve/enhance the child/young person's life and/or their family's life, or benefit the organisation?

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**If a monetary grant is agreed...cheque payable to (Parent).....

Cheque to be sent to home address YES / NO Or other address.....

The trustees are duty bound to ensure that as far as is reasonably practicable, any grants that are made are done so in accordance with the stated aims and objectives of the trust. For that reason, we reserve the right to make any enquiries as deemed necessary to authenticate your application. In addition, our policy is to make monetary payments directly to service providers or product suppliers, unless it is not reasonable or practical to do so.
Your signature below confirms that you are in agreement with these terms and conditions.

Signature.....Print.....Date.....

Are you a Parent or Job Title (If third party).....