

APPLICATION FOR AN INDIVIDUAL GRANT

*Please ensure you read the Application Guidelines before filling in this form and that you fully complete all sections.

| | ABOUT YOUR CHILD | | |
|---|---|--|--|
| 1 | Name of your child: | | |
| 2 | Gender & Date of Birth: Male Female D.O.B: | | |
| 3 | Child's main address: | | |
| | | | |
| | | | |
| | Post Code: | | |
| 4 | Name and address of your child's school/nursery/pre-school/playgroup | | |
| | (if attending): | | |
| | | | |
| | | | |
| | Post Code: | | |
| 5 | Please tell us about the main needs of your child: | | |
| | | | |
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| | | | |
| 6 | Please tell us how a grant from Charlie's Gift would help your child: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



| | ABOUT THE GRANT | |
|---|--|--------|
| | | |
| 7 | Grant requested from Charlie's Gift: Amount £ | |
| 8 | Please tell us in detail what the grant will be used for: | |
| | *Please attach a written quote if available | |
| | | |
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| | | |
| 9 | Have you already applied to another charity/organisation or | |
| | the NHS for help funding the above? | YES/NO |

| | ABOUT THE APPLICANT |
|----|--|
| 10 | Applicant's Name and Title: |
| 11 | Applicant's relationship to the child: |
| 12 | Applicant's address for correspondence: |
| | |
| | |
| | |
| | Post Code: |
| 13 | Applicant's telephone number: |
| | (daytime/home) Mobile: |
| 14 | Applicant's email address: |
| 15 | Where did you hear about Charlie's Gift? |
| | |
| | Please tick the box to indicate that you |
| | consent for us to hold your information |
| | securely in accordance with our Data |
| | Protection Policy |
| | |
| | Applicant's signature: |
| | Date: |

ANY OTHER INFORMATION

16 Here you may provide any other information helpful to your application:



This application form should now be passed to a recognised Professional^{*} working with the child, for them to complete sections 17-21 of the form (SUPPORTING THE APPLICATION).

(*See Application Guidelines page 3)

| | SUPPORTING THE APPLICATION | | | |
|--|--|--|--|--|
| You should be a recognised Professional person. All information provided, will be treated in the strictest confidence. | | | | |
| 17 | Name, Job Title and work address of person supporting this application: | | | |
| | Name: | | | |
| | Job Title: | | | |
| | Work address: | | | |
| | | | | |
| | | | | |
| | | | | |
| 10 | Post Code: | | | |
| 18 | Telephone number: Mobile: | | | |
| 10 | (daytime) Email address: | | | |
| 19 20 | Please specifically state how in your professional opinion the child would benefit | | | |
| 20 | from the grant if awarded: | | | |
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| 21 | Which goals are the child working towards?: | | | |
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| | | | | |
| | | | | |
| | | | | |
| | Please tick the box to indicate that you consent for us to hold your information | | | |
| | securely in accordance with our Data Protection Policy | | | |
| | Signature: | | | |
| | Date: | | | |
| | | | | |

Please now return the completed form (sections 1-21), to the address below for consideration by the Trustees of Charlie's Gift.

'The Grants Programme Manager' Charlie's Gift 39 Collett Road Hemel Hempstead Herts HP1 1HY

