



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:		
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
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?
<input type="checkbox"/>	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:



