



Grants to Individuals Application Form

This application must be completed and submitted by a healthcare professional. It must be signed by the referring person.

Please complete all parts of the form – the form will not be processed without full information. Grants are discretionary and are subject to the conditions of the award.

PLEASE COMPLETE ALL PARTS OF THE FORM in BLOCK CAPITALS	
Name of the applicant and contact number	
Surname	First Name
Date of Birth	
Address and Postcode	
Telephone Number	
If applicable please provide parent/guardian name	
Consultant	

Grant Amount Requested	£
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PTO

Purpose of Grant – Please give full details of reason for grant and or	
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items applied for. Give details of family background, social circumstances and any special reasons.	
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By signing the form the applicant confirms their consent to the process and also the appropriate retention of their personal and application data for the correct running of the Trust and in compliance with current data protection laws.

Applicant's signature
 Date.....

Grant Amount Recommended	£
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Signatures and authorisations.
 By signing the form the referring persons confirms that the information given is correct, that further information will be provided if necessary and that the grant will only be used for the intended purpose.

Referring persons signature
 Date.....

Agreed by on behalf of the Cornwall Leukaemia Trust

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Signature Print Full Name

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Position within the Cornwall Leukaemia Trust

Cheque, Cash or Bank Transfer sent to applicant

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Date Signature Name