

REQUEST FOR A GRANT FROM THE NICOLA CORRY SUPPORT FOUNDATION



Request from:		Date:	
APPLICANTS DETAILS:			
Title:	First name:	Surname:	
Home address:		Tel number:	
Town/City:		Mobile number:	
Post Code:		Email address:	
Number of dependants under 18 years of age. (Please list names and ages).			
What are your living arrangements. (e.g. living alone / with spouse or partner etc).			
Total number of people living in household.			
CIRCUMSTANCES:			
Please give an outline of your diagnosis.			
OTHER FUNDING:			
Have you applied to NCSF before?			
Have you received or applied for funding from other organisations in relation to this specific request?		If YES please give details.	
FINANCIAL DETAILS:			
What is the value of the financial assistance that you are requesting?	£		
What is this funding intended for? E.g. childcare, family day out etc. Please be specific and give a breakdown of costs.			

What is the net monthly household income from?	Salaries	£
	Benefits	£
	Grants	£
	Other	£
	Total	£
What are your main outgoings every month?	Mortgage / rent	£
	Other repayments	£
	Other	£
	Total	£
	Difference	£
ADDITIONAL INFORMATION:		
Is there any additional information that you wish to include to support this information.		
DECLARATION:		
<p>I am the person named on this application and to the best of my knowledge all answers to all questions are accurate. I understand that information provided will not be used for any purpose other than in relation to this application.</p> <p>My details will not be passed to ANY third parties – however if we feel you may benefit from other organisations we will inform you of these.</p>		
Signed:	Print name:	
(I am the patient / patients representative * delete as appropriate).		
Contact Details:		
H: Medical / Nursing / Social Worker confirmation. (This section must be completed).		
I confirm that the information about the person named on this application to the best of my knowledge is correct and accurate.		
Signed:		Print name:
Position:		Date:

Equalities Data

We strive to ensure that our processes for decision making are as fair and equitable as possible. To allow us to verify this we would be grateful if you could please answer the following questions. These responses will not play any part in your application process and are purely voluntary – deciding not to answer these questions will not count against your application.

Name:			
Ethnic origin			
White		Indian	
Caribbean		Pakistani	
African		Bangladeshi	
East African		Chinese	
Black (other)		Asian other	
Other (please describe)		Do not wish to disclose	
Religion			
Baha'i		Jewish	
Buddhist		Muslim	
Christian		Sikh	
Hindu		Other	
Jain		Agnostic/ atheist	
Do not wish to disclose			
Sexual orientation			
Heterosexual		Gay man	
Gay woman/ lesbian		Bisexual	
Prefer not to say			
Disability			
Do you consider that you are disabled?		Yes / No	

How did you hear about NCSF?	
------------------------------	--

<p>If you are successful with a grant, NCSF would like to be able to share your story on their website/newsletter. This helps our supporters to see what their money goes and helps to raise awareness of our charity. Please sign below if you are happy for NCSF to share your story (we can omit or change names if your prefer).</p> <p>Signed:</p>

Please return to:

Nicola Corry Support Foundation, 3 Somerset Close, Kingswood, Wotton Under Edge, Gloucestershire, GL12 8RQ