

APPLICANT ORGANISATION DETAILS

Name & Address	
Post Code	
Telephone	
Email Address	
Fax	
Person submitting this application	
Status within organisation	
Your reference	
Date of Application	

CLIENT DETAILS

Name & Address	
Post Code	
Telephone	
Age	
Married/Partnership/Single/Widow	
Male/Female	
Own their own house/flat/ Assets >£5k Yes ☐ No ☐	If Yes, details & value less mortgage? £
Receiving Income support, similar or other grants/assistance? Yes ☐ No ☐	If YES, please describe (eg. DLA and state pension, etc)

Assistance sought from other Sources?
 No ☐
 Yes ☐

Other potential sources?

Describe / Amount £

GRANT REQUESTED (please read criteria form before completing)

Amount	
To whom payable (Cannot be client)	
Description of type of grant required, including:- - Purpose? - Respite? - Equipment under £100/ if over then "on loan" - Timescale? (loan?) - Application to Carters for discounted equip ? (Dodgson will pay Carters direct)	

Please return completed application to

Mr G.R.Wicks FCA

Mobile 07941 947161

Email: gerald.wicks@btinternet.com

APPLICANT ORGANISATION/ GP SIGNATURE

OFFICE USE ONLY

Date Rec'd

Date Ack

Cheque No

£

In favour of