

Application Form

THE FRIENDS OF FULBOURN HOSPITAL AND THE COMMUNITY

If possible, please e-mail a scanned copy of this form to treasurer@fofhc.org.uk or mail to Treasurer FoFHC c/o 12 Water Street CB4 1PA.

This Form is ONLY for completion by referring organisations – not by the applicants for grants themselves. *Leaving out any information may cause delays. We are unable to help with Rent and Mortgage payments, Catalogue and Credit Card Debts, Loans, or Court costs and fines.*

Name of applicant:

Age:

Address:

Partner's Name:

Children in family & ages:

It is helpful to know figures, if possible, about the following:

Earnings per week:

Benefits per week:

Outstanding Debts (e.g. Utilities):

Name, address (in CAPITALS please), phone number and e-mail address (if available) of Sponsoring Organisation/Person:

General background report on need (or attach on a separate sheet) -keep it short but give us enough!

Please specify approximate cost of item or grant required. Do be specific if you can by making clear that you have already researched the cost of the item(s) for which you are seeking a grant! If you have found the item(s) in a catalogue or online, please give details:

Details of the bank account to which we should make the payment:

Account Name: Account number: Sort Code:

(NB: this must be the sponsoring organisation, or a responsible person in that organisation, or to the shop/service provider – NOT to the client/beneficiary. A receipt for the expenditure being reimbursed will be required for our financial records.)

Have you considered whether the [Cambridgeshire Local Assistance Scheme](#) can make a grant (see website link)?

If you work for or with CPFT have you applied to [Head to Toe](#)? (Note: this only applies to general grants, not to grants on behalf of individuals)

Have you applied to any other Charities?

We frequently work with Cambridge Aid in providing grants. Please let us know whether you consent to us forwarding this form and any other information you provide to Cambridge Aid when signing this form.

ONLY ONE GRANT APPLICATION REQUEST PER YEAR

The Friends of Fulbourn Hospital and the Community (FoFHC) Privacy Notice for Potential Grant Beneficiaries

FoFHC uses personal data about potential grant beneficiaries to determine whether to award a grant to help relieve social distress or financial difficulty.

FoFHC is committed to its legal and ethical responsibilities to handle personal data securely and not share it with any other organisation without the explicit permission of the individual.

Personal information in any application form is retained for no more 24 months and then destroyed once the relevant financial year's accounts have been approved. This is to allow FoFHC to a) check whether it has given a grant to the individual within the last 12 months, without there being any change of circumstances and b) to provide evidence for any audit or independent examination that FoFHC's most recent annual financial statement is soundly based.

I confirm I have my client's permission (a) to pass their personal and sensitive data to the Friends of Fulbourn Hospital and the Community ("the Friends") in order for them to consider making a grant to my client; and (b) for such data to be forwarded to Cambridge Aid at the discretion of the Friends for the same purpose.

Signature

Date.....