



NICOLA CORRY SUPPORT FOUNDATION
"Helping Families Cope with Cancer"

APPLICATION FOR A GRANT

This form is to be used when applying for a grant from the Nicola Corry Support Foundation, this page does not need to be sent with the rest of the form.

Please note the Equalities Data page will be removed before the Trustees consider your application. It is used to monitor our fair treatment of applications.

Before applying you should be aware of the basic eligibility criteria that we apply, in that one parent with children of school age must have an independently confirmed cancer diagnosis.

As we are a small charity with limited funds we currently give priority to families that:

1. Are UK residents living in the South West of England - this is because the vast majority of our funds are raised in the South West;
2. Request help with childcare - nursery fees and other child minding requirements;
3. Have children under school age.

These are only priorities please do not be put off applying if you do not meet them all, but if we have more funding commitments than we are able to meet then the above will get priority.

It is also a requirement that applicants have a UK Bank account that is capable of receiving cheques and/or funds by online banking.

This form should be returned to:

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

What Happens Next?

The Board of Trustees considers each application and may ask for more information in order to make a decision. It is important that contact details are included to enable us to do this - this does not have to be the applicant just someone that we can contact.

NCSF aims to respond to you within 3 weeks of receipt of your completed form, however as we are 100% volunteers we can only do our best.

For more information on our Charity, please see our website www.ncsf.org.uk. This has contact information and copies of this form.



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APPLICANT DETAILS:

Title:		First name:		Surname:	
Home address:				Tel number:	
Town/City:				Mobile number:	
Post Code:				Email address:	
Number of dependents under 18 years of age. (Please list names and Dates of Birth).					
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 and current situation:

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 from NCSF?	£
What is this funding intended for? E.g. childcare, transport to/from treatment. Please be specific and give a breakdown of costs:	
ADDITIONAL INFORMATION:	
If there is any additional information that you wish to include to support this information please submit as an attachment.	

DECLARATIONS:

- ✓ I am the person named on this application and to the best of my knowledge all answers to all questions are accurate.
- ✓ I give permission for NCSF to store and process my personal information for the purposes of carrying out its charitable objectives. I understand that I have a right to receive a copy of this information and correct any errors.
- ✓ I understand that information provided will not be used for any purpose other than in relation to this application.
- ✓ Where I have included information on other named individuals (e.g. parent, partner etc.) on this application form, I have notified these individuals and they have given permission for NCSF to store and process their personal information.
- ✓ 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.

Signed:**Print name:**

(I am the patient/patient's representative)
 * delete as appropriate).

Date:
**H: Medical / Nursing / Social Worker confirmation.
 (This section must be completed).**

I confirm that the information about the person named on this application is, to the best of my knowledge is correct and accurate.

Signed:**Print name:****Position:****Date:****Contact Details:**

This page will be removed before the Trustees consider your application.

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?	
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<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 where 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>
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Please return to:
Nicola Corry Support Foundation, 3 Somerset Close, Kingswood, Wotton Under Edge, Gloucestershire, GL12 8RQ