



**NICOLA CORRY SUPPORT FOUNDATION**  
**"Helping Families Cope with Cancer"**

## **APPLICATION FOR A GRANT**

This form should be used when applying for a grant from the Nicola Corry Support Foundation. 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.

**The Applicant must sign this form. It is our understanding that this is required to make the Permissions required by GDPR legislation valid. Unsigned forms will be returned.**

As we are a small charity with limited funds we are currently giving 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 so do not be put off applying if you do not meet them all. However if we have more requests than funds 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](http://www.ncsf.org.uk). This has contact information and downloadable copies of this form.



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**APPLICATION FOR A GRANT**

**APPLICANT DETAILS:**

Title:		First name:		Surname:	
Home address:				Tel No.:	
Town/City:				Email	
Post Code:				address:	
Number of dependents 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.					

**BANK DETAILS :**

Please provide below details of the bank account where all payments should be made if your application is successful :

Name of Bank/Building Society:

Account Holder Name: (exactly as on the bank account)

Bank Sort Code:

Bank Account No:

Please note that for applications requesting childcare support, we would normally reimburse the childcare provider directly.

**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:	

<b>FINANCIAL DETAILS:</b>	
<p>What is the value of the financial assistance that you are requesting from NCSF?</p>	
<p>What is this funding to be used for? E.g. childcare, transport to/from treatment.</p> <p>Please be specific and give a breakdown of costs:</p>	
<p><b>ADDITIONAL INFORMATION:</b> If there is any additional information that you wish to include to support this information please submit as an attachment.</p> <p><b>ADDITIONAL CONSENT:</b> As part of our ongoing fund-raising, we do occasionally use applicants' stories as case studies to highlight the work we do in order to raise awareness of our charity.</p> <p>Would you be happy for us to use your story? <span style="float: right;">YES/NO</span></p>	

**PERMISSION :**

I UNDERSTAND THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM WILL BE USED TO PROCESS THIS APPLICATION.

I also understand that by completing this application form I agree to all information provided by myself being stored on the Charity’s online filing system for the sole use of the Charity’s records and that my personal data will not be passed to any third party.

NCSF use an online filing system, which is password protected, and all information that we hold against your application will be completely removed from the system within a 12-24 month period.

**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.

<b>Signed:</b>	<b>Print name:</b>
(This form must be signed by the applicant unless there is a medical reason why this cannot be done and so endorsed by a Medical Professional. Unsigned forms will be returned)	<b>Date:</b>

**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.

<b>Signed:</b>		<b>Print name:</b>	
<b>Position:</b>		<b>Date:</b>	

**Contact Details:**