York Dispensary Sick Poor Fund

Grant Application Form

PRIVACY NOTICE

All information provided to the York Dispensary Sick Poor Fund will be processed in line with the principles of good information handling. Information will be fairly and lawfully processed only for the purposes of assessing a grant application. Information provided should be adequate for the Trustees to consider the grant application and be relevant to the application. Data is only held for the period required for legal retention within our accounting and charitable status requirements.

York Dispensary Sick Poor Fund is committed to protecting your data when you (or your representative) contact us as a grant applicant. We will never pass your personal information to a third party unless we are under a legal obligation to do so. If you do not wish to provide all the information requested in the grant application form, the Trustees may not be able to make an informed decision. However, it is important that you agree to York Dispensary sick and poor fund holding the information that you provide.

Please confirm with your signature that you give permission for York Dispensary Sick Poor Fund to hold this personal data that you have provided in support of your grant application to the Trust.

Name:	
Signature:	
Date:	

Details of third-party referral organisation

Charity/Organisation name:	
Registered Charity Number (if relevant):	
Contact Name:	
Address:	
Email address:	
Telephone number:	

Individual Beneficiary details

Name:	
Address:	
Email:	
Telephone Number:	
Age(s):	
Occupation:	

Purpose of the Grant	Amount requested: £
Please provide details of the beneficiary's relevant health issues and how the requested funds will be applied to improve the beneficiary's health, and wellbeing:	
Has any other charity been approached for this grant? Please provide details and if successful.	
In the event of a grant being made, to whom should the cheque be payable?	

Dependant relatives - *including their relationship to the applicant:*

Name and relationship to applicant	Age:

Financial Information*:*

Savings (and Property if owned):	
Income (monthly) - Income earned, benefits, other income:	
Outgoings (monthly) – Mortgage/rent, rates, and other payment:	

Confirmation and signature: *Please note this should be signed by the applicant.*

I hereby declare that the particulars I have given are true and complete in every respect and that I have no source of income or any assistance other than mentioned above.

Signature:	Date:

Please return this completed form to admin@yorkdispensary.org.uk