

THE ANDREW AND CATHERINE CARTER TRUST

C /O. 7 Northfields
Bulkington, Devizes
SN10 1SE

Please complete as fully as possible

If you have any queries about completing this form, please contact 07395 047165 or email admin@cartertrust.org.uk

Please check our FAQ page on the website before completing the form

Part 1 - About the applicant

Title:	First Name:	Surname:
Date of Birth:	Age:	Gender:
Address:		Postcode:
Home Telephone Number:	Mobile Number:	Email:

Name of Parent/Guardian (if applicant is under 18)		
Title:	First Name:	Surname:
Home Telephone Number:	Mobile Number:	Email:

Is the applicant disabled?		If yes please provide evidence
Notice of PIP payment or list of medical records is not acceptable as evidence. See Part 2 - Professional letter may be adequate		
Please note an application will not be processed without these documents		

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Part 2 - Contact details of Supporter

(Must be a Health or Social Care Professional e.g. Occupational Therapist/Physiotherapist)

Title:	First Name:	Surname:
Profession / Job Title		
Work Telephone Number:	Mobile Number:	Email:
Work Address		Postcode:
<p>We will need the following information: A letter or e-mail on headed paper stating in what capacity you know the applicant and how long have you known them? Information outlining the disability and what it means for the person in everyday life. Explain the need for the equipment and how it will enhance the persons life. Explain why the item cannot be supplied by statutory services eg NHS wheelchair services.</p>		

Part 3 - Grant information - Please Note: We do not provide funding for mobility scooters, exercise equipment or general household items of furniture.

For safety reasons we are unable to consider funding for equipment where there is no evidence of a professional assessment.

Item	Cost	Please provide quotation documentation

Part 4 - Statement of financial need - Please explain why you are seeking charitable funding for the item

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The Andrew and Catherine Carter Trust
Charity No.1026825

Trustees: Fiona Corby, Dean Mackay-Morris, Liz Campbell, Paul Corby

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Part 4 - Grant form completed by:

Title:	First Name:	Surname
How would you prefer to receive correspondence regarding the application? (Please Tick)	Post:	Email:

Part 5 - Declaration and Consent

The declaration and consent should be signed by the applicant or if under 18 by a Parent or Guardian. By signing below you are confirming that you have read, understand and agree to the declaration and consent

Declaration:

I declare that the information provided on this form is complete and correct and enclose copies of the requested paperwork.

I understand that this form is a request for a grant to be considered by the Trustees of The Andrew and Catherine Carter Trust.

I understand that The Andrew and Catherine Carter Trust may discuss the information given on this form with your supporter and other organisations who may be asked to provide relevant information, goods or services or to assist with the fulfilment of this grant.

Consent:

In order for us to determine eligibility for a grant under this application, we need to record sensitive personal data about the applicant, including details of health which may also be defined as special category data ("Sensitive

Use of the information

To comply with the Law, we must tell you how we will use this sensitive data and ask for permission to record it. By signing this consent form permission is being granted for us to record sensitive data for the purpose below:

Use of sensitive data will only be used for the purpose of determining eligibility for a grant, it will not be disclosed to any external third party without express written consent. Both electronic and paper records containing such data will be retained for as long as is necessary by The Andrew and Catherine Carter Trust for accounting purposes.

Yes - I give consent to recording sensitive data for the purpose of determining eligibility for a grant.

Name:	
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Signature:		Date:
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