



Registered Charity: 217156

Date application received:/...../.....
Trustee Meeting Considered:/...../.....

Holiday Grant Application Form

All fields must be completed to enable your application to be considered.

1. APPLICANTS DETAILS			
Does the person have Cerebral Palsy?	YES / NO	Full Name:	
Is this a first time application?	YES / NO	Address:	
<i>If Yes – please enclose proof of diagnosis eg. letter from a health professional.</i>			
Date of birth:	/ /		
Telephone No:			
Email Address:		Postcode:	

2. NAME OF PERSON COMPLETING THIS FORM <i>if not the applicant</i>			
Full name:		Address:	
Relationship to applicant:			
Telephone No:			
Email Address:		Postcode:	
How did you find out about us?			

3. HOLIDAY DETAILS		
You must complete both questions in this section and send us all requested documents along with this application form.		<i>Tick to show you have enclosed paperwork</i>
3.1.	<u>Please enclose a covering letter telling us about the holiday that you would like to apply for of our annual grant up to £300 for:</u>	
3.2.	<u>Please enclose a confirmation letter/invoice from the holiday company you are using to enable us to contribute our £300 grant.</u>	
PLEASE NOTE THAT APPLICATIONS SHOULD BE SENT AT LEAST 8 WEEKS BEFORE THE DATES OF YOUR HOLIDAY		

PLEASE NOTE

- Holiday grants are made once per calendar year.
- We are unable to consider your application without all relevant or supporting documentation.
- If any information is missing from your application this will delay your request.
- If we need to write to you to request outstanding information but do not hear from you within 2 months from the date we contact you, we will close your request.
- We will make payment of £300 to the lead holiday Booker upon receipt of an invoice or sufficient documentation confirming booking of holiday and payment of £300 or more.

CONSENT & SIGNATURE	
By submitting your application you are consenting to your details being kept on our SCPS database.	
We would like to contact you regarding our future events. <i>Please tick here if you would like to be kept informed:</i>	
If you are interested in volunteering and would like us to contact you to discuss this please tick here:	
I confirm that the information on this form is correct.	
Name:	
Signature:.....	Date:...../...../.....

WHERE TO SEND YOUR APPLICATION & SUPPORTING DOCUMENTS;

BY POST: Shropshire Cerebral Palsy Society, PO Box 265, Oswestry, Shropshire, SY10 1FB
BY EMAIL: enquiries@shropshirecerebralpalsysociety.co.uk

Any personal information you give to us will be processed in accordance with the General Data Protection Regulation 2018