



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

Washing machine / Tumble Dryer Grant

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. GOODS GRANT APPLICATION		
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 completed / enclosed required paperwork</i>
3.1.	<p><u>Please tell us why you would like to apply for a grant towards paying for a washing machine / tumble dryer.</u></p> <p>Please make it clear how this will directly benefit the applicant. (Please continue on a separate piece of paper if required)</p>	
3.4.	<p><u>Please provide 2 detailed quotes and images of the goods you would like a grant towards;</u></p>	

4. Have other charities and organisations been approached and what has been the response?

1	
2	
3	

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 wish 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:...../...../.....

PLEASE NOTE

- 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.
- No monies will be paid to individuals *only suppliers of goods or services* by cheque or debit card only.
- No monies will be paid retrospectively to any requests under any circumstances.

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

Registered Charity: 217156