



Application for Individual Funding

If in doubt over whether you qualify for help, rather than phoning or emailing please fill out and submit an application form.

Are you the person who will receive the funding? yes no

If **No**, please provide your name

Is the person receiving the funding located in Coventry or Warwickshire? yes no

Name of Individual seeking funding

Address

..... **Postcode**

Telephone **Mobile**

Email

Purpose of Grant

.....

.....

Details of other finance available or applied for

Total Grant requested £ **When required**

Please attach to your application some corroborative evidence to substantiate your claim

(e.g A letter from your GP, Physiotherapist or Social Worker etc)

If you are applying for a wheelchair, has the applicant been assessed? yes no

If **yes** then **please provide a letter of authority or written confirmation** so the Trust can liaise with local wheelchair services.

Where did you hear about the WPH Charitable Trust?

Signed **Dated**

Once complete please send printed application forms and a copy of your corroborative evidence to:
The Secretary, The WPH Trust, c/o Blythe Liggins, Edmund House, Rugby Road Leamington Spa CV32 6EL

If your application is successful, do you consent to our using personal, but non sensitive, information about you (which may include a photograph of you) in our newsletters/other publicity? yes no

Please note: Unfortunately once a decision has been made no further correspondence can be undertaken. For further guidelines on applications see the WPH website - www.warwickshirehealthcharity.org.uk