

Application Form for Funding

Name:

Position Held within Care Pl Group (or subsidiary of Care Plus Group):

Contact Details:

Telephone:

Email:

Total Amount of Grant Requested: £

For what purpose will this amount be used?

Who will benefit from this grant?

Has any other funding been applied for? YES / NO

If YES, where from?

What was the outcome?

Is there a time sensitive period for this grant? YES / NO

If YES, what is the date deadline?

If approved, to whom would you like the grant to be paid?

Please give details

Signature of Applicant:

Date:

FOR OFFICE USE ONLY

Date Application Received:

Date Trustees Meeting held:

Outcome of this meeting:

APPROVED / NOT APPROVED

Reason for Decision:

Date Applicant Informed:

Please return to CPG.CharitableTrust@nhs.net