**NORMANSFIELD AND RICHMOND FOUNDATION**

 **Providing Grants For People With Learning Disabilities**

**APPLICATION FORM FOR INDIVIDUALS**

PRIVATE AND CONFIDENTIAL

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| **GRANT AMOUNT REQUESTED :** **DATE:** |
|  **NAME : DATE OF BIRTH:** **ADDRESS:** |
| This application **must** be endorsed by either a family member, social worker, residential manager, health professional, personal assistant or voluntary organisation. Please print your name, position, contact telephone number and e mail address:Name:Position and/or organisation:Contact telephone number:Contact E mail address: |
| **HOUSING** (please tick as appropriate)Family HomeResidential HomeSupported LivingIndependent(e.g.council housing, private rented, owner occupier, housing association)**Please give the name of the main organisation which provides you with support:** |
| **EMPLOYMENT** (please tick as appropriate)Working Full-time Working part-timeDoing Voluntary WorkNot Working |
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| **Please use the space below to give details about what the Grant will be used for. In particular, please explain in broad terms what the Applicant’s needs are and how the Grant will be of benefit to them.** |
| If successful, please indicate who the grant should be paid to:NAME:Please indicate where the grant should be sent to:ADDRESS: |

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| **SIGNED: DATE:**  |

THANK YOU

We will let you know the result of your application as soon as possible after our Committee has made a decision