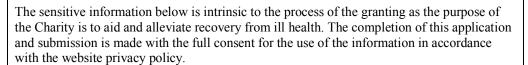
Confidential Grant Application

THIS APPLICATION MUST BE PROVIDED BY AN APPROPRIATE REFEREE WHO HAS THE CONSENT OF ALL THOSE DETAILED ON THIS FORM TO DISCLOSE THE INFORMATION HEREIN.





Lead Beneficiary:	Date of birth

Clevedon Forbes Fund SUPPORTING WITH CARE

		4 Kenn Road
Address	Post Code	Clevedon
		BS21 6EL Tel: 01275 341777
		101. 012/3 341///
Partner's name:		
	Date of birth	
If single parent, please give details of any contact, p	practical or financial support	with other parent
Dependant's names and ages		
Dependant s names and ages		
Circumstances giving rise to this application		
Please provide covering letter and any supporting documents relevant to this application		
Grants are given to those of 'limited' means. Please provide information of beneficiary's income		
Please provide covering letter and any supporting documents relevant to this application		
Plans for use of grant		
For office use only	ly Clevedon Forbes Refere	nce No:

Dates (if known)		
Breakdown of costs		
Grant required	Contribution by Beneficiary	
Have other grants been applied for?	Decisions made yet?	
To whom cheques are to be made payable (NOT Beneficiary)		
	,	
Referred by: Title	Name	
Position held		
Organisation		
Address		
	Post Code	
Contact Telephone No.	E Mail	
Description of association with lead beneficiary and length of time known		
Description of association with lead beneficiary and length of time known		
Signature of Referee		
	Date	
Beneficiary Consent		
I (name of Lead Beneficiary)	consent to:	
The information provided on this form and any covering letters attached, being given to and being held		
by the Clevedon Forbes Fund for the purpose of this grant application. These records, both paper and electronic, being stored by the charity once the grant has been assessed		
for up to 6 years or until no longer required for the purposes of litigation, and thereafter for archiving, research or statistical purposes in the public interest or otherwise destroyed.		
The Grants Officer releasing relevant information to a third party for the purpose of booking a holiday		
on my behalf, should a grant be awarded. Use of the information provided in accordance with the website privacy policy.		
Signature of Beneficiary:	Date:	
1		