



BARCHESTER HEALTHCARE
FOUNDATION

APPLICATION FOR INDIVIDUALS

‘Making a difference to the lives of older people and other adults with a physical or mental disability’

Before filling in this form please read our grant guidelines carefully – it gives good advice of whom and what we fund, helping save you time. Alternatively you can access further information on our website www.bhcfoundation.org.uk or speak to one of our administrators on 0800 328 3328.

All applications must be supported and completed by a third party sponsor. A sponsor could be, for example, a doctor or other health care professional, social worker or charity representative. All fields marked with * must be completed fully to enable us to process your form.

SECTION A – SPONSOR CONTACT DETAILS	
*Title	
*Sponsor First Name	
*Sponsor Surname	
*Job Title	
*Organisation/ Charity Name	
Charity Registration No.	
*Address	
*Postcode	
*Contact Tel.	
Email Address	
SECTION B - BENEFICIARY DETAILS	
*Beneficiary Name	
*About the beneficiary Tell as much as you can about the person , his/ her medical condition and personal circumstances .	
*What funding is needed for? What is the money for and what difference would a grant make to the recipient?	

SECTION C – FINANCIAL DETAILS		
*Have you tried to access funding from statutory services or your local authority?	Yes	No
Why are they unable to help? Please include written confirmation where possible.		
*Cost breakdown Please give us as much detail as possible, ensuring that your figures tally correctly. Where available we like to see quotes from your supplier.		
Have you applied to other charitable trusts? If so please list them and the amount(s) of money requested.		
Other sources of funding secured? If so please list them and the amount(s) of money.		
*Amount of money requested from us?	£	
SECTION D – ADDITIONAL INFORMATION		
Anything you think that the Trustees should know before making their decision? Please enclose any supporting information at the end of the application. [Please upload any supporting docs here]		
SECTION E - REQUIREMENTS		
*If allocated funding we ask all grant sponsors/ recipients to let us know how our contribution has helped them. Do you understand our terms and conditions and agree to provide feedback?	<input type="checkbox"/> Yes <input type="checkbox"/> No Signed.....	

Please make sure that you check your form thoroughly using our guidelines

Please return your completed application form and any enclosures to:

Grants Administrator
 Barchester Healthcare Foundation
 Suite 201, The Chambers
 Chelsea Harbour
 London
 SW10 0XF

You can expect to receive a response to your application within 10 weeks. Please note that we are not able to acknowledge receipt of postal applications.