

MAYFIELD HOME TRUST LIMITED

APPLICATION FOR FUNDING

To be completed by, or on behalf of, all beneficiaries

BENEFICIARY’S DETAILS

APPLICANT’S DETAILS (if different)

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

POSTCODE _____

POSTCODE _____

TELEPHONE _____

TELEPHONE _____

DATE OF BIRTH _____

EMAIL _____

RELATIONSHIP OF APPLICANT TO BENFICIARY _____

NATURE OF LEARNING DISABILITY _____

WHAT ARE YOU REQUESTING, AND WHY? (please continue on separate sheet if required)

AMOUNT APPLIED FOR (include vat and delivery charges) £ _____

SUGGESTED SUPPLIERS

ESTIMATED COST

1. _____

£ _____

2. _____

£ _____

PLEASE ATTACH AT LEAST TWO ORIGINAL QUOTATIONS.

Office use only - Trustee dealing with this application _____

Date application was received _____

HAVE YOU APPLIED TO OTHER ORGANISATIONS FOR ASSISTANCE WITH THIS PROJECT/ITEM? IF SO, TO WHOM AND WHEN?

WHERE DID YOU FIND OUT ABOUT MAYFIELD HOME TRUST? _____

IF THIS APPLICATION IS SUCCESSFUL, MAYFIELD HOME TRUST WILL PURCHASE THIS ITEM OR SERVICE ON THE BENEFICIARY'S BEHALF OR WILL MAKE A PAYMENT TO THE APPROPRIATE SUPPLIER.

SIGNATURE _____

(PLEASE STATE WHETHER SIGNING AS BENEFICIARY OR ON BENEFICIARY'S BEHALF)

YOUR DATA WILL BE PROCESSED IN LINE WITH OUR PRIVACY POLICY – AVAILABLE TO VIEW ON OUR WEBSITE

LATEST APPLICATION DATE

QUARTERLY TRUSTEES' MEETING

5th JANUARY

LAST WEEK OF JANUARY

5th APRIL

LAST WEEK OF APRIL

23rd JUNE

MID JULY

5th OCTOBER

LAST WEEK OF OCTOBER

APPLICATION CHECKLIST :

1. HAVE YOU INCLUDED YOUR FULL NAME, ADDRESS, POSTCODE, EMAIL ADDRESS AND TELEPHONE NUMBERS?
2. HAVE YOU ENCLOSED THE NECESSARY DOCUMENTS AND INFORMATION TO SUPPORT THE APPLICATION?
3. BEAR IN MIND THE DEADLINE DATES GIVEN ABOVE.
4. RETURN THE COMPLETED FORM TO :
MAYFIELD HOME TRUST LTD
PO BOX 342
STROUD
GLOS. GL6 1EA
5. IF YOU WISH ANY OF YOUR DOCUMENTS TO BE RETURNED TO YOU PLEASE ENCLOSE A STAMPED, ADDRESSED ENVELOPE WITH YOUR REQUEST.