



THE ROMY FUND

MELTON'S CHILDREN'S CHARITY

Registered Charity Number: 1125541

Application Form

Your details

The person who has parental responsibility for the child, and who the child lives with should complete this section.

Title: Mr.....MrsMiss..... Ms..... Other.....(please delete as appropriate)

Full Name:

Home Address:

Email Address:

Telephone No: (home)

(mobile)

Your child

We need to know about your child.

Child's Full Name:

Date of birth and age:

Please tell us your child's condition or diagnosis if known:



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Your grant

We need to know what help you would like us to consider, who it is for, why the child/ young person needs it and how it relates to their condition. (Please continue to a separate page is necessary.)



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The cost of the item you are applying for: (please include a supporting quote where possible)

Who can we speak to?

Please give us the name of your child's social worker, teacher, key worker/lead professional or similar who knows your child well (not your GP) who we can contact should we need more information.

Name:

Job title:

Address and Postcode:

Telephone:

Email:



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Declaration

In return for The Romy Fund considering your application you agree to be bound by the Terms and Conditions:

- The information that I provide is accurate.
- I agree to only use The Romy Fund grant for the purpose given.
- I agree not to sell or transfer any goods awarded by The Romy Fund without seeking authorisation from The Romy Fund Chairperson at their discretion.
- I agree to advise The Romy Fund of any changes in circumstance that may affect my grant application.
- I understand that help from The Romy Fund is discretionary and subject to funding. There is no entitlement to a grant and all cases are assessed on an individual basis.
- The Romy Fund may require that I agree to be bound by additional terms and conditions before specific grants are made.
- I understand that The Romy Fund will investigate all allegations of misuse of grants or fraud if there is evidence to suggest that fraud has been committed.
- I understand that The Romy Fund can only consider an application once every 12 months unless there are exceptional circumstances
- I give my consent for The Romy Fund to liaise with appropriate individuals and/or agencies should further information be needed to support my application.
- I consent to our story and photographs being taken and shared for publicity purposes only.

By signing you confirm that you have read, understood, and agree to be bound by the Terms and Conditions set out above.

Name of parent/carer

Signature

Date