

APPLICATION FOR GRANT FROM THE BENEVOLENT FUND

1. PERSONAL DETAILS OF APPLICANT

Name:	Preparative Meeting:
Address:	Name and Address of Named Friend:
Telephone:	

2. FINANCIAL MEANS OF APPLICANT

All information provided should relate to the patient and their spouse/partner. If the patient is under 18 years old information should relate to themselves and to both parents.

MONTHLY INCOME	£	MONTHLY EXPENDITURE	£
Total		Total	
CAPITAL	£	OTHER SOURCES OF FUNDING AVAILABLE	
Bank		Please list: eg professional benevolent organisations, health insurance and hospital funds.	
Building Society			
Other Investment			
Debts			
Total			

3. CERTIFICATION BY PATIENT/SPOUSE/PARTNER/CARER

I certify that ****I am/*** ***(patient) is*** unable to meet The Retreat's fees and I have provided all the information necessary to enable the Trustees of the Benevolent Fund to assess ****my/his/her*** financial means. I also undertake to make the Benevolent Fund Trustees aware of any other sources or financial support that may become available and of any change in ****my personal/the patient's*** financial circumstances. I undertake to pass on any financial and or welfare benefits arising from treatment to ****myself/the patient*** by The Retreat to The Retreat York Benevolent Fund. (This does not imply any financial obligation on behalf of a carer).

**** delete as appropriate***

Signature (Relationship to Patient)

Date

4. CERTIFICATION BY NAMED FRIEND

Please indicate support for the application and whether or not the Meeting is able to make a contribution to the patient's care. If the applicant is not a member how closely are they associated with the Meeting?

Signature (Position)

Date

Please send your completed application form to:

Robert Brownlow (Director of Finance)

The Retreat York

Heslington Road

York

YO10 5BN