

HYLTON HOUSE FUND APPLICATION FORM

Return completed application forms to: Brenda Dye, Grants Officer, County Durham Foundation, Jordan House, Forster Business Centre, Finchale Road, Durham, DH1 5HL

Name of Applicant:	
Date of birth	
Age	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
	Postcode:
Tel. number(s): We will need to contact you to discuss the application	Daytime <input type="checkbox"/> Evening <input type="checkbox"/> Mobile <input type="checkbox"/>
Do you/ the applicant have Cerebral Palsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of contact: (if you are applying on behalf of someone else)	
Relationship to applicant:	
Please list the weekly income you/your family receive and your outgoings.	<p>Take home pay (if in employment):</p> <p>You Partner.....</p> <p>Benefits:</p> <p>Income Support Child Benefit</p> <p>Disability Living Allowance Carer's Allowance</p> <p>Family Tax Credit Other (please give details)</p> <p>Weekly Outgoings:</p> <p>.....</p> <p>.....</p> <p>.....</p>
Does your disability (or a member of your family's disability) create a heavy financial demand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have less than £16,000 in savings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying as a member of a group? Please give the name of the group	<input type="checkbox"/> Yes <input type="checkbox"/> No

Purpose of Grant (what do you/ the applicant want to do or buy?)

What will this grant enable you /applicant to do that you/they cannot do now?

If you are applying for funding for holidays, respite care or training:

Where will these activities take place?

When do you want to go?

Funding

How much will it cost in total?	Total cost £
How much are you asking us for:	Amount requested £
Please give details of costs: <i>If you do not give itemised details of costs, your application will not be processed.</i> <i>The total cost alone will not do.</i>	Respite/Holiday: Accommodation /flights package £ Accommodation £ Travel £ Other eg equipment
Where will you get the rest of the money from (if you are not asking us for the full amount)?	
Have you already asked anyone else to fund this? If yes, who and what did they say?	
Applicant's/proxy's signature	
Date	

DO NOT START YOUR ACTIVITY, BOOK A HOLIDAY OR SPEND ANY MONEY UNTIL YOUR AWARD HAS BEEN CONFIRMED IN WRITING.

Please give this form to your referee and ask them to complete and return to us separately. Your referee should be a health or social care worker eg GP, social worker, occupational therapist. The referee cannot be a family member, relative or close friend.

Please complete all contact details in full

Name of applicant:	
Name of referee:	
Position:	
Address:	
	Post code:
Telephone number(s):	
How do you know this person?	
How long have you known this person?	
Please explain why we should consider this person for a grant. Please also explain whether you think the proposed activity or item wanted will be beneficial to them and whether it represents value for money.	
Referee's Signature:	Date:

Thank you for your assistance. The Hylton House Fund is managed by County Durham Foundation. Return completed forms to:

Brenda Dye, Grants Officer. County Durham Foundation,
Jordan House, Forster Business Centre, Finchale Road, Durham, DH1 5HL.
Tel: 0191 383 0055 Fax: 0191 383 2969
Email: brenda@countydurhamfoundation.co.uk