



Registered Charity No: 1070572

Patrons: Sir Teddy Taylor & Miss Hermione Norris

Name of Applicant: **D.O.B:**

Address of above Applicant:

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.....

..... **Post Code:**

Your email address (if available):

Telephone No. of above applicant (including STD code):

.....

Please describe the equipment or help required. Please provide manufacturer's details and product information:

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Please provide at least two quotations for the equipment required:

Quote 1: **Quote 2:**

Please provide brief details of the child's condition.

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**Have you made any other applications for funding from other charities?
If so who?**

.....

How will funding from the Southend Sunflower Trust improve yours or your child's quality of life?

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.....

Has any other fundraising been done on your behalf?

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If you are completing this form for the applicant, please include your details:

Your Name:

.....

Your Address:

.....

..... **Post Code:**

Relationship to applicant:

Your Telephone (including STD code):

Your email:

DECLARATION: "I am happy for this information to be shared within the Southend Sunflower Trust and for a home visit if required".

Signed

Date:

Please send this application to:

**The Southend Sunflower Trust
C/o 4 Glebelands
Benfleet
Essex
SS7 4LT**

Before you submit this application, please ensure you have obtained a supporting letter from the OT or Physiotherapist assigned to the child.

Email: enquiries@thesouthendsunflowertrust.co.uk

Website: www.thesouthendsunflowertrust.co.uk