

Application Form

Discretionary Awards

The Trust wishes to consider applications for Discretionary Awards in the fields of healthcare provision, medical research and medical education.

The Trust is established for the relief of the sick and the mentally or physically disabled, in particular within the boundaries of the East Riding of Yorkshire, City of Kingston upon Hull and North and North East Lincolnshire by:

1. the provision of medical and hospital treatment and care not replacing any statutory obligation of government;
2. the provision of medical and hospital facilities, equipment and/or provisions not replacing any statutory obligations of government;
3. the provision of grants and assistance to the sick, mentally or physically disabled and their respective relatives, dependents and/or carers;
4. the provision of grants for medical research, medical education and medically related projects.

Application

A standard application form is enclosed. It is essential that the applicant makes quite clear which of the above objects is fulfilled.

(Research applicants complete all sections).

Adjudication

All applications will be assessed by the Board of Trustees with co-opted expertise when considered necessary. You may be requested to attend for interview in support of your application.

Please submit the application to:

**Help for Health
c/o RSM
Two Humber Quays
Wellington Street West
HULL
HU1 2BN**

The application should comprise of:

1. The completed application form (in typescript if possible)
2. Any supporting letters deemed appropriate
3. A curriculum vitae (Research application only)

The information will be circulated to members of the Board of the Trustees and invited experts if considered necessary. The information will be held in accordance with the Data Protection Act 1998.

Application Form

Personal Details:

Surname:	Forenames <i>(in full)</i> :
Title:	Organisation <i>(if applicable)</i> :
Position within organisation:	
Address:	
Tel No. <i>(inc STD code)</i> :	Day-time Tel No. <i>(inc STD code)</i> :
Email address and/or fax number <i>(including STD code)</i> :	

Justification for Support Requested

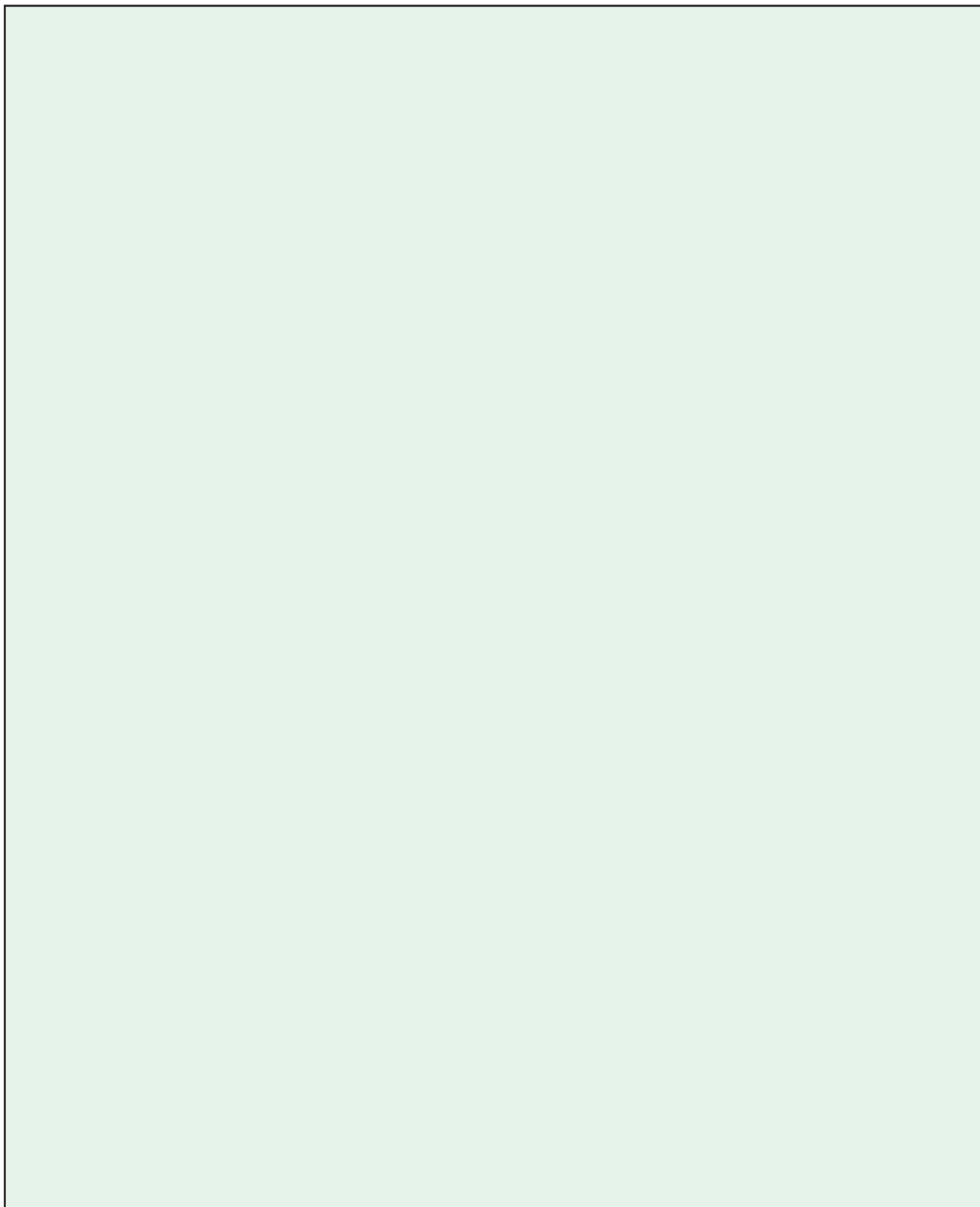
Summarise below the purpose of your application including the object(s) of the Trust which it fulfils:

Research applications only: Please complete the following

A simple description of the proposed research using clear lay terminology, which should be readily understandable to members of the general public.

This should include the following:

- Details of the disease / condition and any associated conditions i.e. who suffers, the symptoms and numbers affected.
- How research might help those sufferers in the short / long term.



Financial Details

to be completed by all applicants

Financial details of the grant including amount of monies required, details of proposed usage of monies and estimated time of support:

Total:

Details of other financial support already obtained or applied for:
(NHS Trust applicants are asked to state whether they have applied to their respective Charitable Funds and the outcome)

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Declaration

If my application is successful I agree to submit reports to the Trust on the use of the funds, as requested by the Trustees when the award is made.

Signature: Print:

Date:.....