

A fund to help local young adults with life-limiting conditions

Application Form

Please visit the website for details of our eligibility criteria www.karensbigsmiles.org or telephone 01494 451279

Please send completed form to: Mrs Kathie Jenkins, 29 South View, Downley, High Wycombe, Bucks. HP13 5UL

Title: Mr Mrs Miss Ms Other

Name: _____ Date of Birth: / /

Address: _____ Male Female

Postcode: _____

Telephone: _____ Email: _____

National Insurance Number _____

Ethnic origin:

Karen's Big Smiles Charity Trust aims to ensure equality of opportunity and treatment to applicants from all ethnic groups. Please indicate your ethnic group below:

A. White

British
 Irish
 Other White background

B. Mixed

White and Black Caribbean
 White and Black African
 White and Asian
 Other Mixed background

C. Asian or Asian British

Indian
 Pakistani
 Bangladeshi
 Other Asian background

D. Black or Black British

Caribbean
 African
 Other Black background

E. Chinese or other ethnic group

Chinese
 Other

Purpose of application:

Please give as much detail as possible about the support you would like to receive (this may be in the form of a one off financial donation to help with any immediate needs; a one-off financial donation to fulfil a lifetime dream; the purchase of a specific piece of equipment to enhance quality of life).

Medical Condition:

Please describe briefly your medical condition and any special needs you have e.g. dietary requirements, specialised equipment, mobility issues, etc.

Declaration of applicant:

I certify that the information given on this form is correct.

I give my full consent for the stated professional below to discuss my application with Karen’s Big Smiles Charity Trust as is necessary and I understand that this discussion will remain confidential.

Signature:

Date : / /

Details of Professional Contact:

Karen’s Big Smiles Charity Trust will wish to speak to a professional connected with you to discuss your application. Please ask a relevant professional person (e.g. your Macmillan nurse, Iain Rennie nurse, support worker at South Bucks Hospice, consultant, GP etc) to complete and sign the following section. All information will be regarded as strictly confidential.

Name: _____

Profession and Qualification: _____

Contact details: _____

Contact phone number: _____

Supporting information:

Please detail relevant information in support of the application.

Declaration of professional:

I certify that the information I have given on this form with respect to the applicant is correct.

Signature:

Date : / /

Admin use only: v.1.02

Date received: / /

Signature: