

**BURNAID Reg Charity No. 511446 https://www.burnaid.co.uk/**

**GRANT APPLICATION FORM**

**Please complete and return to** burnaidcharity@gmail.com

DATE OF APPLICATION -

|  |  |  |
| --- | --- | --- |
| THIS IS THE PRINCIPAL APPLICANT TO WHOM ALL CORRESPONDENCE WILL BE ADDRESSED AND WHO WILL BE RESPONSIBLE FOR THE GRANT IF AWARDED | Q1 | WHO IS MAKING THE APPLICATION? |
| FORENAME |  |
| SURNAME |  |
| JOB TITLE |  |
| ORGANISATION |  |
| EMAIL ADDRESS  |  |
| ADDRESS |  |
| TO RECEIVE PAYMENT BY BANK TRANSFER PLEASE ADD YOUR BANK DETAILS | BANK DETAILS*Account holder name**Name of bank**Account number**Sort code* |  |

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| --- | --- | --- |
| GIVE YOUR GRANT PROPOSAL A TITLE OF UP 100 CHARACTERS |  Q2 | TITLE OF THE GRANT |
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| --- | --- | --- |
| GIVE A SHORT DESCRIPTION OF HOW THE GRANT IS TO BE USED | Q3 | SHORT DESCRIPTION (UP TO 10 LINES) |
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| GIVE A DESCRIPTION OF HOW THE GRANT WILL BENEFIT BURN PATIENTS, THE BURN CARE ENVIRONMENT OR THE BURNS SERVICE | Q4 | DESCRIBE THE BENEFIT THAT THE GRANT WILL HAVE |
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| --- | --- |
| Q5 | WHAT IS THE TOTAL AMOUNT OF MONEY THAT YOU ARE ASKING FOR, INCLUDING VAT |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| FOR CLASSIFICATION PURPOSES TICK **ONE** OF THE FUNDING THEMES. | Q6 | FUNDING THEMES |  |
| EQUIPMENT | RESEARCH |
| PATIENT WELFARE  | STAFF WELFARE |
| STAFF EDUCATION  | PATIENT EDUCATION |

|  |  |  |  |
| --- | --- | --- | --- |
| HAVE YOU TRIED TO SOURCE ALTERNATIVE FUNDING FOR YOUR GRANT APPLICATION? | Q7 | IF THE ANSWER IS **YES** PLEASE DESCRIBE |  |

**FOR OFFICIAL USE ONLY**

**HAS THE APPLICATION FOR THE GRANT BEEN REJECTED/APPROVED**

**IF THE GRANT WAS REJECTED WHAT WERE THE GROUNDS FOR THE DECISION.**

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**……………………………………………………………………………………………………………………………………….**

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**IS THE GRANT UNCONDITIONAL YES NO**

**IF THE GRANT IS CONDITIONAL WHAT ARE THE SPECIFIC CONDITIONS**

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| --- | --- | --- |
|  **Report to be submitted to the**  **Committee** |  **Poster to be submitted to the** **Committee** | **Presentation to be given to the**  **Committee** |
|  **Abstract to be submitted to the** **Committee** |  **Letter of acceptance from the Conference** **or Meeting Secretariat to be presented** |  **Receipts or quotes to be** **presented** |

**NAMES OF THE TRUSTEES AND COMMITTEE MEMBERS THAT APPROVED THE GRANT**

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**…………………………………………………………………………………………………**

**…………………………………………………………………………………………………**

**Names of Trustees and Committee Members that were contacted about the Grant**

**……………………………………………………………………………………………………………………………………………**

**DATE…………………………………………….**