

**DO NOT USE THIS FORM TO APPLY FOR A MEDICAL TOOLKIT or ELECTIVE BURSARY GRANT –**  
 Download a specific grant form at [www.thevictoriafoundation.org.uk/grants/applying-for-a-grant/](http://www.thevictoriafoundation.org.uk/grants/applying-for-a-grant/)



## Grant Application Form

Please complete this form and return it by email to: [enquiries@thevictoriafoundation.org.uk](mailto:enquiries@thevictoriafoundation.org.uk) or by post to:  
 Graham Ball, Chief Executive, The Victoria Foundation, St David's House, 15 Worple Way, Richmond, TW10 6DG.

### Application details

Date: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Male  Female

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Are you the person for whom this application is being made? For myself:  Tick box

or Are you applying on behalf of a third party or organisation? On behalf of:  Tick box

If you are applying on behalf of another individual, please provide their details below

Name: \_\_\_\_\_ Male  Female

Date of birth: \_\_\_\_\_

If you are applying on behalf of an organisation, please provide the details below

Organisation: \_\_\_\_\_ Website: \_\_\_\_\_

If you are applying on behalf of a charity, please provide the registered charity number.

Charity No:

How did you hear about The Victoria Foundation?

Friend/colleague  Online search Charity/Organisation  Name: \_\_\_\_\_

Other (give details) \_\_\_\_\_

### Grant details

Which grant are you applying for? Mobility Aid:

Accessible Transport:  Medical Assistance:

Have you applied for/received a grant from TVF previously? Y/N If Yes please provide the date: \_\_\_/\_\_\_/\_\_\_

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**SECTION A: To be completed if the application is for you/a family you are applying on behalf of. Go to Section B NOW if you are applying for funding for an organisation and not an individual or family.**

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Please provide details of your family/the family's circumstances, spouse/partner, children, and their ages etc

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Please provide a brief summary of the financial circumstances of your/the family

Current income from all sources per annum pre tax		£
Do you/the family own your/their own home?	Y/N	If yes, what is its current value £
What is the mortgage on the property?		£
Please give an indication of overall net worth excluding home		£
<b><u>Please complete this section ONLY if you are applying for medical treatment</u></b>		
Do you/the applicant have medical insurance?	Y/N	If yes, why will the treatment for which you are applying not be covered?
Is the consultant providing his services free?	Y/N	Is the anaesthetist providing his treatment free? Y/N
Have you applied for assistance from any other source to cover the costs of this treatment?	Y/N	Has funding been denied by your PCT and if so why?

**SECTION B: To be complete by all applicants**

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Please give details of the mobility aid, accessible transport, or medical assistance you are applying for including the cost, how it will benefit you/the beneficiary, and details of the any contribution towards the cost. It will greatly help if you can attach a quote from a supplier.

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What will happen if you/the beneficiary does not get our help?

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Please give as much information as possible to explain why you want a grant from TVF and anything else that you think may help us understand the reason(s) in more detail and reach a decision.

If you are applying on behalf of an organisation include details of the expected outcomes and the number(s) that will benefit from the grant – you can attach additional information.

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Please provide the name, job title, organisation name and contact details of someone who is be able to confirm the need for the grant request and ask them to sign and date your application. We may contact them to discuss how this grant would assist you/the organisation.

Name:	Job title:
Organisation:	
Email:	Telephone:
Signature:	Date:

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Please sign and date below to confirm the information you have provided on this form is correct

<b>YOUR SIGNATURE:</b>	<b>DATE:</b>
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If you have any questions contact: [enquiries@thevictoriafoundation.org.uk](mailto:enquiries@thevictoriafoundation.org.uk) or call 020 8332 1788.

Please return the form by email to: [enquiries@thevictoriafoundation.org.uk](mailto:enquiries@thevictoriafoundation.org.uk) or by post to:  
The Victoria Foundation, St David's House, 15 Worple Way, Richmond, Surrey TW10 6DG.

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