



THE MEMORY MAKERS
Giving Families Memories To Treasure Forever...



TORBAY HOLIDAY HELPERS NETWORK (THHN)
Company Registration No. 07690157
Registered Charity in England & Wales No. 1146245

Web: www.thhn.co.uk
Email: enquiries@thhn.co.uk
Tel: 01803 325152

Grant Application Form

Please read our Terms and Conditions and Data Protection Statement supplied with this application and which are available from our website under www.thhn.co.uk/terms-and-conditions before completing this application.

All sections of this form must be completed in full to enable us to process your application; failure to complete any section will result in the form being returned un-processed

SECTION 1

ABOUT YOU

Family Name

Address

Town / city

Postcode

Telephone

Mobile No.

Email

SECTION 2

FAMILY CRITERIA

I am the parent/guardian of a child with a serious illness

Yes

No

I am a bereaved parent

Yes

No

I am or my partner is terminally ill

Yes

No

Please give a brief description of your situation

SECTION 3

UK RESIDENCY

All family members who will benefit from a grant are UK citizens

Yes

No

SECTION 4

FINANCIAL CIRCUMSTANCES

We are a zero income family

Yes

No

We are a single income family

Yes

No

Please explain any special reason/circumstance why you are applying for a grant

SECTION 5

FINANCIAL CIRCUMSTANCES

We need your bank details or the bank details of another person nominated by you. This is so we can pay your grant directly into a bank account.

Name of account holder

Name of bank or building society

Roll number (if applicable)

Sort Code

Account number

Please tick here if you do not have a suitable bank account

Yes

No

*If these bank details are for another person nominated by you, please give their full name and address below. They must sign to say that they agree to this.**

Nominated person's name

Nominated person's address

I agree to THHN keeping my bank details to make a grant payment in to my account

Yes

No

I agree to pay any grant monies received to the applicant

Yes

No

Date

Nominated person's signature

SECTION 6

PREVIOUS APPLICATIONS OR GRANTS

Our grants are solely for the purpose of assisting with the costs towards travelling expenses to, from and during your free THHN holiday.

Have you applied for any other grant to assist with such costs from any other charity or organisation?

Yes

No

If yes please provide more information

SECTION 7

YOUR AGREEMENT

Our Terms and Conditions and Data Protection Statement are enclosed with this form and are available from our website under www.thhn.co.uk/terms-and-conditions. THHN intend to rely on these terms so for your own benefit and protection please read them carefully before signing the application. If you do not understand any points within our Terms and Conditions and Data Protection Statement or you have any questions concerning this application please contact THHN by telephone on 01803 325152 or by email enquiries@thhn.co.uk.

I have read, understood and agree to be bound by the Terms and Conditions and Data Protection Statement which has been provided to me. I understand that without this agreement THHN cannot consider this grant application.

Full name

Date

Signature

SECTION 8

REFERRING ORGANISATION

Only to be filled in by referring agent

Organisation

Address

Postcode

Full name

Job title

Telephone

Mobile No.

Email

SECTION 9

REFERRING AGENT AGREEMENT



I can confirm that the applying family meet THHN's criteria and the information they have provided is correct.

Full name

Date

Signature

FOR OFFICE USE ONLY

Holiday venue

Total number of days travel allowance

Arrival date

Total travel allowance

£

Departure date

Total number of miles to be travelled

Other costs

Grant total

£