



Western Health and Social Care Trust

GroupDP1
2019/20

Request for Carer Support Group Cash Grant

Please complete in full, clearly and in BLOCK capital letters please.

Date of request	
Name of Carer Support Group	
Number of Group Members (current/former carers, age range), how often and where you meet?	
Address <i>(In full, please include Postcode)</i>	
Name and Contact Telephone No	
Email Contact	
Group representative/s named contact	
Government Funding Database registration number.	
Please give brief details of reason for request for cash grant <i>(Please continue on a</i>	

<p><i>separate sheet if necessary)</i></p>	
<p>Please give details of cost and brief outline of service for which grant is required:</p>	<p>Cost: £ Outline of service:</p>
<p>If you have received funding from another source such as Big Lottery/DEARA/ District Council, please give brief detail of amount, what the funding is for and any time boundaries regarding the spend.</p>	
<p>I understand that the group must provide receipts for any cash grant given by the deadline stipulated.</p> <p>Signature 1 Date</p> <p>Signature 2 Date (if appropriate)</p>	

Completed Application should be returned to
Carers Support Team, WHSCT, 2 Coleshill Road, Enniskillen, BT74 7HG
 or email to Carers.Support1@westerntrust.hscni.net