



APPLICATION FORM

- Please use the enclosed guidelines, Information for Applicants and their Supporters which provides advice on how to answer all the questions. There is one set for the applicant to use and another for the representative.
- Please ensure that you have read our Grant Making Policy, if you are unsure whether your application will be eligible, please contact the Trust's Charity Administrator on 0161 787 3834.
- Please keep a copy of your completed application.
- If there is not enough space to write your answer, you can use the additional sheet.
- Incomplete forms will delay the application process, as we will need to contact you and ask you to supply the missing information.
- The Trust will not consider requests for funding when the event or activity has already taken place.
- Please include any additional information you feel is appropriate to your application, such as printed information about the opportunity from a website or leaflet and any relevant product information.

Please return completed application forms, by post only, to The Salford Foundation Trust, 1st Floor, Charles House, Albert Street, Eccles, M30 0PW.

Please complete your information below:

Name of Applicant	First Name	Surname	
Address	Postcode		
Telephone no.	Home	Mobile no	
Email			
Date of Birth	Age		
Sex (please tick next to one)	Male		Female
How did you hear about the Trust?			
Have you previously made an application to the Trust?			

Name of Referee 1			
Job title			
Address			
Telephone no.		Mobile no.	
Email			
Please state how you know this person			
Name of Referee 2			
Job title			
Address			
Telephone no.		Mobile no.	
Email			
Please state how you know this person			

1. What is the opportunity that you require funding for?

2. When will the opportunity start and for how long?

From / /2009 **To** / /2010

3. Why do you want the opportunity (for which you are seeking funding)? Describe how this opportunity will assist you in what you want to achieve.

4. Why do you feel you should be given funding? Please explain why you need our help.

5. How will your referees support you throughout this opportunity?

6. Will you gain any certificates or qualifications from this opportunity?

7. Funding

Approximate total value of opportunity	£		
Amount applying for*	£		
Breakdown of estimated cost			
Other funding secured	Amount requested	Amount secured	From where
Other funding sought			

* The maximum grant is £500 but we may in exceptional circumstances consider requests for a higher amount.

8. Declarations

Applicant

- I confirm that the details I have provided in this application are true and correct to the best of my knowledge and belief.
- The purpose for funding described in this application is a valid and genuine request
- I agree to being contacted by The Salford Foundation Trust after the opportunity has begun to find out how I have benefited.

Signature of applicant.....

Print name.....

Date.....

Please tick this box if you are willing to be involved in any publicity should the application be approved

Representative (if someone has completed this form on behalf of the applicant)

- I confirm that the details I have provided in this application are true and correct to the best of my belief.
 - The purpose for funding described in this application is a valid and genuine request
 - Signature of representative.....
 - Print.....
 - Date.....
 - Relationship to the applicant.....
- Telephone/Mobile no.....Email.....
 Address.....
Postcode.....

Referees (one of these may also be the representative)

- The purpose for funding described in this application is a valid and genuine request
- Should this application be successful, I accept responsibility for supporting the applicant through this opportunity
- I agree to being contacted by The Salford Foundation Trust after the opportunity has begun to find out how it has benefited the applicant.

Signed referee 1.....
Date.....
Relationship to applicant.....

Please tick this box if you are willing to be involved in any publicity should the application be approved

Signed referee 2.....
Date.....
Relationship to applicant.....

Please tick this box if you are willing to be involved in any publicity should the application be approved

11. Feedback

We hope that we have made the application process easy to understand and the form easy to complete. We have provided you with as much information as possible, as it is important that we answer any questions you may have. The Trust will only continue to be a success if it is used by you. Please use this section to give us your feedback - good or bad - about this application pack.

Please comment on how you rated each of the documents and if you think they can be improved in any way?

Information for Applicants and their Supporters

Application Form

Grant Making Policy

Website

Additional sheet



EQUAL OPPORTUNITY

The Salford Foundation Trust strives to be an equal opportunity and social inclusion organisation. In order to ensure this, we will need to monitor the sex and ethnic origins of our applicants and we ask for your cooperation in providing the following information: (please tick the appropriate box). If you do not wish to complete this form you are not obliged to do so.

SEX:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
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WHITE	<input type="checkbox"/>	BLACK-CARIBBEAN	<input type="checkbox"/>	BLACK-AFRICAN	<input type="checkbox"/>
BLACK-OTHER	<input type="checkbox"/>	(please specify _____)			
INDIAN	<input type="checkbox"/>	PAKISTANI	<input type="checkbox"/>	BANGLADESHI	<input type="checkbox"/>
CHINESE	<input type="checkbox"/>				
OTHER	<input type="checkbox"/>	(please specify _____)			

NATIONALITY:

SIGNED.....

NAME.....

DATE.....