

**HSWL Emergency Fund Grant Application Form**

**About the person applying for the emergency fund grant**

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| **First name:** |  | **Last name:** |  |
| **Email address:** |  | **Phone number:** |  |
| **Address:** |  | | |

|  |  |
| --- | --- |
| **Reason for applying for the emergency funding:** | |
| **Amount required:**  (Maximum £500) | £ |
| **Please provide a breakdown of how the grant will be spent:** | |

Does the person requiring help have savings of more than £1000? Yes / No

**Declaration**

I declare that the information provided above is true and accurate and that the person requiring help is in genuine need of emergency funds.

I agree that HSWL may contact me by telephone or email for any additional information and may request to see documentation to prove my identity and/or confirm a history of brain injury.

I understand the information I have provided here will be stored securely in an electronic format for a maximum of 18 months, shall only be used for HSWL emergency fund grant applications and audit purposes, and will not be shared with any other third party.

|  |  |
| --- | --- |
| **Print name:** |  |
| **Signature:** |  |
| **Date:** |  |