FUNDING APPLICATION FORM

Registered charity number: 1177562

The Wight Brainy Bunch is a small charity dedicated to providing support and financial assistance to families affected by brain tumours on the Isle of Wight.

If you would like to apply for funding from the Wight Brainy Bunch, please complete the form below.

Individual/family applications must be able to evidence a diagnosis or a brain tumour and be resident on the Isle of Wight. All applications will be assessed on an individual basis and must meet our criteria. If you are applying on behalf of someone else, please state your relationship to them in Section 5.

We will also accept referrals from medical professionals and cancer support caseworkers.

1. Claimant's Details

Title		Date of Birth	
First Name		Surname	
Full Address			
Email		Telephone Number	

2. Medical Details *Please attach copy of documentation to evidence diagnosis from hospital

Diagnosis	
Date of Diagnosis	
Consultant & Hospital	
Current Treatment Plan	

3. Funding Details

Please provide details of funding required eg: travel, equipment etc.
Please give as much detail as possible and the approximate funding required.

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Please provide details of other sources of funding that have been applied for. Please also include those that have not currently had a decision made.

4. Bank Details

If funding application is successful, payment will be made by charity cheque of bank transfer. Please complete bank details if BACS payment is required.

Bank & Branch	
Name on Account	
Account Number	
Sort Code	

5. Applicants Statement of Truth **I believe all information to be correct*

Name (Printed)	
Signature	
Date	

Please send completed forms and supporting documentation to:

⊠ 112 High Park Road, Ryde, Isle of Wight PO33 1BZ

info@thewightbrainybunch.org.uk

On receipt, we will endeavour to make a decision and contact you within 7 days. Please ensure contact details are completed as we may need to contact you to verify any information.

If you have any questions please call 07850255984

FOR OFFICE USE ONLY:

Provide details of how funding needs have been identified and how any approved funding will benefit the patient. Each application should be assessed on an individual basis:

AMOUNT	

APPROVED	
DECLINED	

Authorised by   **Trustee 1.**   **Trustee 2.**

Print Name		*Print Name*	
Signature		*Signature*	
Date		*Date*	

Reference	