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| **The Leonardo Trust 5 Dunyeats Road** |  |
| **Registered Charity No. 1086045 Broadstone, Dorset** |  |
| **BH18 8AA** |  |
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| **APPLICATION FORM** |  |
|  |  |
| **Please tell us about yourself**: |  |
|  |  |
| Your name: |  |
|  |  |
| Your address: |  |
|  |  |
|  |  |
| Your date of birth: |  |
| Telelephone numbers: |  |
| Email address: |  |
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| Are you a full-time carer? |  |
| If so, for how long? |  |
| Who lives with you? Please tell us if they are working. |  |
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| **About the person you care for:** |  |
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| Their name: |  |
|  |  |
| Their address: |  |
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|  |  |
| Their date of birth: |  |
| Their relationship to you: |  |
| What is their illness or disability? |  |
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| What help do you receive from Social Services or other agencies? |  |
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| **Please tell us in as much detail as possible what you would like help with and why plus cost.** |  |
|  |  |
| Please also tell us what benefits you receive, other income and what savings you have. |  |
| The fact that you may not be receiving benefits, or have some savings, does not mean we will not |  |
| help, but we ask you to be open with us about your situation. |  |
| (Please use the back page if you require more space) |  |
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| Have we helped you before? (If we have, this does not mean we cannot help you again) |  |
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| The Trustees regret we are unable to reimburse costs already paid for holidays or anything that has |  |
| been booked, contracted for or reserved prior to our agreement to fund/part-fund the cost. |  |
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| I understand that all information supplied on this application form will be kept strictly confidential and will only |  |
| be used for the purpose of selection and administration. The information I have given in this application is, to the |  |
| best of my knowledge, true and accurate. I accept that any false or misleading statements may be sufficient |  |
| cause for rejecting my application. A copy of our grant making policy is available to view on our website, |  |
| www.leonardotrust.org or alternatively a copy is available from our Broadstone office. |  |
|  |  |
| **Please sign here ………………………………………………………….Date …………………………….** |  |
|  |  |
| If you have any difficulties or questions, or would like to discuss your application, please ring 01202 698325. |  |
| If no-one is available, please leave your name and number and we will return your call. |  |
| You can also email us at info@leonardotrust.org |  |
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| **The Leonardo Trust** |  |
| PROFESSIONAL ENDORSEMENT FOR THE APPLICANT |  |
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| Please ask your Social Worker, Doctor, or other Health Care Professional who knows your situation |  |
| well to add their report below. |  |
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| Signature of supporting professional: |  |
|  |  |
| Please print name and professional capacity: |  |
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| Address: |  |
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| Contactable telephone number: |  |
|  |  |
| email address: Date: |  |
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| Carer, please use this page if you need more room to explain your situation. |  |
| (Continued) |  |
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