

**Charitable Trust Application Form**

(Registered Charity No. 1119125)

**Office Use Only**

**App No.**

***PLEASE NOTE* – If your application is successful, it is the responsibility of the nominating officer to arrange collection of any gift awarded to the nominee, from the Federation Office, Green Lane.**

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| --- | --- | --- | --- | --- | --- |
| **Applicant’s Name/****Nominating Officer** |  | **Rank/****Position** |  | **Contact No.** |  |
|  |  |  |  |
| **Nominee/Organisation Name** |  | **Reg. Charity No.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominees Age Range** |  | **Force Area** |  |

|  |  |
| --- | --- |
|  |  |
| **Nominees Address** |  |
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| **Purpose for which help is needed. Please provide as much information as possible. Use a separate sheet if necessary.** |

**Gift Requested? Flowers / Vouchers / Donation (excl. donation to personal account)**

**Have you submitted previous Charity Applications? YES / NO (Please circle accordingly)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Application** |  | **Applicant’s Signature** |  |
|  |  |  |  |
| **Office Use Only** | **Meeting Date :** | **Qualifiers Met? Yes / No** | **Cmttee Members Present:** |
| **Committee Comments:** |  |
| **Amount / Gift Awarded:** | **Applicant informed of decision?** |
| **Cheque No/Payment Method:** | **Payable to:** |