

# Grant Application Form

## Applicant Information

Full Name:

Date of birth:

Home phone no:

Mobile no:

Email:

Address:

City:

County:

Postcode:

## Employment Information

Employer:

Location:

Length of service:

Job title:

## Your details (if not the applicant)

Name:

Relationship with applicant:

Contact details:

## Grant details

Date of injury:

Nature of injury:

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Grant applied for (please tick):

- Re-enablement Grant
- Specialist Grant
- Immediacy Grant
- Bereavement Grant

Please provide specific details on your circumstances and how our support would help:

## **Additional Information**

Please use this space to tell us anything else you think might be useful when considering your application:

# Grant Application Form



Signatures	
Signature:	Date:

*Please post this for to:*

*PC David Rathband's Blue Lamp Foundation  
Suite 47  
Dudley Court Offices  
Manor Walks  
Cramlington  
Northumberland  
NE23 6QW*

*Email to: [info@bluelamp-foundation.org](mailto:info@bluelamp-foundation.org)*

*If you need any help or assistance completing this form, please call: 0871 2345 999*

*All information will be treated in the strictest of confidence and we will not contact your employer as part of the application process. We may ask for further clarification from your medical practitioner regarding treatment but this will be discussed with you in advance.*