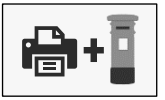


APPLY FOR A GRANT FROM DCCF



Please note that any information you give us will be stored subject to and compliant with the new **GDPR** (General Data Protection Regulations) intended to protect your privacy. This means it will be:

- Stored securely.
- Current – we do not store historic data unless we are obliged to do so under other regulations.
- Only used in ways to which you expressly give consent.
- Will not be passed on to anyone without your permission, even within the charity.

Please complete the fields below (obligatory fields marked *):

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| *Surname: | *Forename: |
| *Date of birth: | *Gender: |
| *Address Line 1: | Address Line 2: |
| *Town: | *Postcode: |
| *Preferred email Address: | |
| *Preferred telephone number(s): | |
| *Name of GP: | |
| *Nature of illness: | |
| * Make cheque payable to: | |
| * To support your application please also provide, in your own words, the following information: <ul style="list-style-type: none">• Details of your request for support• Approximate costs• Why you should be awarded a grant | |
| * I give permission for the following to contact me: | <input type="checkbox"/> DCCF Trustees and Administration |
| | <input type="checkbox"/> DCCF Public Relations Officer (see below) |
| | <input type="checkbox"/> I would like to receive the e-newsletter |

DCCF relies heavily on our beneficiaries to spread the word about what we do. If you would agree to our press team contacting you at a later date to report on your story, we would be extremely grateful.

Please signify your willingness here: I am/am not happy to help the charity by sharing my DCCF story.

. Yes No

***I give DCCF permission to store the information given here in compliance with GDPR**

*** Signed (please give full name):**

***Date:**

NB. WE WILL NOT STORE PERSONAL DATA AFTER MAY 2018 WITHOUT UPDATED CONSENT UNLESS OBLIGED TO DO SO BY LAW

Postal address: DCCF, Slipway, 36 Dorset Lake Avenue, Poole BH14 8JD