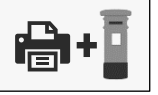


APPLY FOR A GRANT FROM DCCF



Please note that any information you give us will be stored subject to and compliant with the UK Data Protection Act 2018 intended to protect your privacy. This means it will only be used in accordance with our Privacy Policy which can be viewed on our website.

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: <ul style="list-style-type: none"><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. <input type="checkbox"/> Yes <input type="checkbox"/> No Please signify your willingness to help the Charity by sharing your story.	

*I give DCCF my Explicit Consent to store and process the information given here in compliance with the UK Data Protection Act 2018 and our Privacy Policy in order for my application to be processed.

* Signed (please give full name):

*Date: