



1. DETAILS OF YOUR ORGANISATION

Name of your organisation

Address

Post Code

Contact email / phone number

2. TYPE/ LEGAL STATUS OF YOUR ORGANISATION

TICK

Registered Charity

Voluntary Organisation

Community Group

Church Group

Other (please provide details)

3. WHERE DOES YOUR ORGANISATION OPERATE?

TICK

Across the whole borough

In a particular part of the borough (please provide details)

Other (please provide details)

4. KEY OBJECTIVES AND MAIN ACTIVITIES

Briefly describe your organisation's key objectives and main activities for older people



5. HOW REGULARLY DO YOU RUN YOUR ACTIVITIES?	TICK
Daily	
Weekly	
Monthly	
Other (please provide details)	

How many older people regularly attend your activities?	
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6. PLEASE TELL US HOW YOU WOULD USE £500

Signed

Name

Role

Date

COMPLETED FORM

Please return this application form and a copy of your latest set of accounts to:

Walsingham Care, Community Grant Application

2 Quintet Buildings,
Churchfield Road,
Walton On Thames,
Surrey KT12 2TZ