



**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



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

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

Signed \_\_\_\_\_

Name \_\_\_\_\_

Role \_\_\_\_\_

Date \_\_\_\_\_

**DATA PROTECTION:** By signing this form the applicant agrees to the information on the form being stored in Walsingham Care's manual and computerised filing system for the sole purpose of grant processing, analysis and accounting. All information will be treated in the strictest confidence and will not be divulged without the prior agreement of those concerned.

## **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