

## CAMHS Project Application for Funding

### About you:

<b>Name:</b>	
<b>Job Title / Role:</b>	
<b>Full Address:</b>	
<b>Daytime Tel No:</b>	
<b>Email address:</b>	

### About your service:

<b>PCT / Health Authority:</b>	
<b>Geographical area covered:</b>	
<b>Number of children on caseload:</b>	
<b>Is your team paediatric specific?</b>	Yes / No
<b>Please describe your service: Eg: number on team, funding, services offered etc.</b>	

## **Impact:**

Please give as much information as you can about what difference the equipment will make to the children in your care.

PLEASE NOTE: We will use this information to help us prioritise funding, so please give specific information about the needs in your area and why this equipment will be of benefit.

## Authorisation

**No applications will be accepted without the appropriate signatures.**

### **Applicant:**

- I understand I am responsible for the upkeep, security and appropriate use of all equipment supplied by MedEquip4Kids, including taking reasonable measures to ensure the return of all equipment loaned out.
- I agree to provide feedback on this project within six months as requested by the charity.

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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### **Referee:** *To be signed by Head of Service.*

- I am aware of and support the work of the applicant. I have read the information in this form, and can vouch for its authenticity.

Referee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Full address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Signature: \_\_\_\_\_