

CAMHS Project

**Application for Funding**

**About you:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job Title / Role:**  |  |
| **Full Address:** |  |
| **Daytime Tel No:**  |  |
| **Email address:**  |  |

**About your service:**

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

 **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_