



THE ROMY FUND

MELTON'S CHILDREN'S CHARITY

Registered Charity Number: 1125541

Professional Application Form

Details of the professional completing the form:

Full Name:

Work Address:

Work Email Address:

Telephone No: (work)

(mobile)

Child/Young Person's details

We need to know about your child/young person's condition

Child's Full Name:

Date of birth and age:

Please tell us your child's condition or diagnosis if known:

The cost of the item you are applying for: (please include a supporting quote where possible)



THE ROMY FUND

MELTON'S CHILDREN'S CHARITY

Registered Charity Number: 1125541

How will the grant application benefit the child/young person?

(Please continue to a separate page if necessary.)



THE ROMY FUND

MELTON'S CHILDREN'S CHARITY

Registered Charity Number: 1125541

Declaration

In return for The Romy Fund considering your application on behalf of the family you agree to be bound by the Terms and Conditions:

- Consent has been obtained from the family and are aware of the application being submitted
- The family consent for The Romy Fund to liaise with appropriate individuals and/or agencies should further information be needed to support my application.
- The family agree to only use The Romy Fund grant for the purpose given.
- The family agree not to sell or transfer any goods awarded by The Romy Fund without seeking authorisation from The Romy Fund Chairperson at their discretion.
- You or the family agree to advise The Romy Fund of any changes in circumstances that may affect my grant application.
- The help from The Romy Fund is discretionary and subject to funding. There is no entitlement to a grant and all cases are assessed on an individual basis.
- The Romy Fund may require that the family agree to be bound by additional terms and conditions before specific grants are made.
- The Romy Fund will investigate all allegations of misuse of grants or fraud if there is evidence to suggest that fraud has been committed.
- The Romy Fund can only consider an application once every 12 months unless there are exceptional circumstances
- The family consent to their story and photographs being taken and shared for publicity purposes only.

By signing you confirm that you have read, understood, and agree to be bound by the Terms and Conditions set out above.

Grant application submitted on behalf of the following family:

Signature of professional:

Date