



## Wheelwrights 2020 Fund Application Form

**\*\*please check guidance notes to ensure you are eligible to apply\*\***

|                                    |  |
|------------------------------------|--|
| Name of applicant                  |  |
| Telephone number                   |  |
| E-mail address                     |  |
| Date of birth                      |  |
| Address                            |  |
| Name of condition or impairment    |  |
| Date injury acquired               |  |
| Name of spinal unit attended       |  |
| Name of reference from spinal unit |  |

## Details of request

Tell us what you would like funding for in as much detail as possible, how it will help you meet the fund aims and what impact it will have for you

What do you want us to fund?

| Item    | Cost  |
|---------|-------|
|         | £     |
|         | £     |
|         | £     |
| TOTAL   | £     |
| Signed: | Date: |

We'd love to keep you posted with our news, events, activities and appeals. Your details will be used by WheelPower and shared with our partners to deliver this programme and to keep in touch. We will never give your information to other organisations to use for their own purposes and we'll only share it if required to do so by law. You are free to change your mind at any time. Please tick and let us know if you would be happy for us to contact you:

by email  
by phone  
by text

We will always store your personal details securely. We'll use them to provide the service that you have requested, and communicate with you in the way(s) that you have agreed to. Your data may also be used for analysis purposes, to help us provide the best service possible. See our Privacy Policy at [www.wheelpower.org.uk/privacy](http://www.wheelpower.org.uk/privacy) or call (01296) 395995

When complete, return this form to:  
2020@wheelpower.org.uk