**Wheelwrights’ Charity Small Grants Scheme**

**Application Form**

*Please read the Guidance Notes to ensure you are eligible to apply*

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Telephone number |  |
| Date of birth |  |
| Address |  |
| Spinal Cord Injury level |  |
| Date of injury or illness |  |
| Name of spinal unit attended |  |
| Name of Reference from spinal unit |  |
| 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. | |
|  | |

-financial information on next page-

|  |  |
| --- | --- |
| **Please state cost to purchase equipment items, please list each item** | |
|  | £ |
|  | £ |
|  | £ |
| **Total amount applied for** | **£** |
| Own contribution (if applicable) | £ |
|  | |
| **If applying for funds towards training or competition, please state how much one season would cost in terms of membership fees, travel etc** | |
| Cost of training for one season | £ |
| Membership fees for one season | £ |
| Cost of travel for one season | £ |
| Competition fees for one season | £ |
| Other costs | £ |
|  | £ |
| **Total amount applied for** | **£** |

|  |  |  |
| --- | --- | --- |
| We’d love to keep you posted with our news, events, activities and appeals. Your details will only be used by WheelPower – we will never give your information to other organisations to use for their own purposes. You are free to change your mind at any time.  Please tick if you would be happy for us to contact you: | | |
| by email  by phone  by text |  |  |
|  |
|  |
| See our Privacy Policy at www.wheelpower.org.uk/privacy or call (01296) 395995 | | |

|  |  |
| --- | --- |
| Date |  |

Please send to completed application to wheelwrights@wheelpower.org.uk or by post to WheelPower, Stoke Mandeville Stadium, Guttmann Road, Stoke Mandeville, HP21 9PP