

The Retreat York Benevolent Fund

Funding individuals and initiatives to support mental health across the Quaker network

Grant Application for Individuals

SECTION A

Applicant Information

Full Name: _____ Date: _____
Last *First*

Address: _____
Address

City *County* *Postcode*

Phone: _____ Email _____

Local Meeting: _____ Area Meeting: _____

Supporting Applicant Information

Full Name: _____ Date: _____
Last *First*

Address: _____
Address

City *County* *Postcode*

Phone: _____ Email _____

Local Meeting: _____ Area Meeting: _____

Your supporting Friend should be someone from your Local Meeting who can describe your links with Quakers; they should not be related to you.

Criteria – please tick all the relevant sections

- The fund will contribute to my mental wellbeing
- The fund will contribute in aiding my recovery from physical illness or offer help through respite care
- I am unable to afford the full cost of the service myself
- The service I need is difficult to access or is unavailable in my area
- The fund will help me or my loved one gain a greater sense of wellbeing

SECTION B

Your Treatment

Are you applying for funding from other sources?

What other sources and how much funding?

Funds Used

Please tell us about how the money will be used.

- *If you will be using the money for therapy please tell us about who will be providing the therapy.*
- *Please include details of any therapist you hope to work with, including details of their professional registration.*
- *How many sessions do you hope to fund with the grant?*
- *If you will be using the money for other things please give details of what you hope to do and how the money will be spent.*
- *Please also include details of other ways of meeting your needs. For instance, have you seen your GP? Could your support be provided by the NHS?*

Outcomes

We will expect a report or some sort of statement to say that the therapy has been undertaken and the money spent. If you hope for specific outcomes please tell us about that.

SECTION C
Declaration

I _____ apply for a grant from The Retreat York Benevolent Fund in respect of £ _____.

Signed _____ Date _____

This application is supported by:

[PRINT NAME]

[SIGNATURE]

[LOCAL AND AREA MEETING]

Date _____

Please send completed application forms to Bal Saini at secretary@retreatyorkbfund.com

We prefer applications to be sent electronically.

If you need to send papers or aren't confident using the internet you can use our PO Box address, which is:
Retreat York Benevolent Fund, Office 102, 51 Pinfold Street, Birmingham, B2 4AY

For advice and support about filling in the form please contact Alison Mitchell,
Mental Health Development Officer on mhdo@retreatyorkbfund.com or 07483028490