

THE MARY ELIZABETH SIEBEL TRUST

(Registered Charity No. 1001255)

CONFIDENTIAL FORM OF APPLICATION

(Please print clearly in block capitals)

This form should be returned to The Secretary of the Trustees:-

Miss S Allen

3 Middlegate

Newark

Notts. NG24 1AQ

Telephone: 01636 671881

Please contact the above number if you have any difficulties in completing this form

Full name	
Address including postcode	
Telephone Number	
Mobile Number	
Date of Birth	
Nature of disability or illness	
Are you married, single, widowed, divorced or separated?	
Please give details of other close relatives	
Do you: (a) Own your own home	Yes/No
(b) Rent your home from a private landlord	Yes/No
(c) Live in Council rented property	Yes/No
(d) Live alone	Yes/No
(e) Live with relations or friends who are willing and able to give you help	Yes/No

Please state where you heard about the charity:

Name and address of your doctor	
Specify what assistance, financial or otherwise, you receive from the welfare services, charities or similar organisations	
Have you made any unsuccessful applications for such assistance? If so, please give details	
What is the nature of the assistance that you require?	

Please note that grants will not be made retrospectively.

DECLARATION

I declare that the information given above is true and correct. I authorise the trustees to obtain a report on my health from my doctor.

I understand that I may be required to give details of my financial circumstances.

Dated the day of 20

SIGNED

DOCTOR'S ENDORSEMENT/HEALTH PROFESSIONAL

I confirm the nature of illness or disability stated above and support this application for assistance.

Dated the day of 20

SIGNED

**DOCTOR'S STAMP/HEALTH
PROFESSIONAL ADDRESS**