



Wells United Charities

Support for Poor Health Application Form

Charity Number: 236897

Full Name			
Date of Birth			
Email address			
Telephone number(s)			
Address including Postcode			
Describe the ailment creating financial hardship			
A maximum sum of £500 is available to successful applicants. Describe what the money is intended for:	Please circle		
	Additional transport costs	Yes	No
	Supportive aids or equipment	Yes	No
	Additional costs for prescriptions	Yes	No
Give details of your needs including costs			



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Please advise the name of one other appropriate person who trustees could approach to discuss your application			
Have you applied to any other organisations able to support ? If so: a) which ones ? b) what was the outcome ?			
I hereby confirm all the details above are correct and that WUC may store my details in line with the GDPR and contact me as required.			
Signature		Date	

General Data Protection Regulations (GDPR)

WUC take your privacy seriously. Data will be held in accordance with all GDPR regulations. Our full policy is available on our website: wellsunitedcharities.org.uk

Please return this form to :

clerk@wellsunitedcharities.org.uk

OR by post to: WUC Clerk, 10 Theatre Road, Wells-next-the-Sea. NR23 1DS