

CAMHS Project

Application for Funding

About you:

Name:	
Job Title / Role:	
Full Address:	
Daytime Tel No:	
Email address:	

About your service:

PCT / Health Authority:	
Geographical area covered:	
Number of children on caseload:	
Is your team paediatric specific?	Yes / No
Please describe your service: Eg: number on team, funding, services offered etc.	

Impact:

Please give as much information as you can about what difference the equipment will make to the children in your care.

PLEASE NOTE: We will use this information to help us prioritise funding, so please give specific information about the needs in your area and why this equipment will be of benefit.

Authorisation

No applications will be accepted without the appropriate signatures.

Applicant:

- I understand I am responsible for the upkeep, security and appropriate use of all equipment supplied by MedEquip4Kids, including taking reasonable measures to ensure the return of all equipment loaned out.
- I agree to provide feedback on this project within six months as requested by the charity.

Applicant Name: _____ Signature: _____

Referee: *To be signed by Head of Service.*

- I am aware of and support the work of the applicant. I have read the information in this form, and can vouch for its authenticity.

Referee Name: _____ Job Title: _____

Employer: _____

Full address: _____

Telephone No: _____ Signature: _____