

**The Leonardo Trust**

 **5 Dunyeats Road**

 **Broadstone, Dorset**

**BH18 8AA**

 **t: 01202 698325**

**e:** **info@leonardotrust.org**

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| Office use onlyDate Received |

 **Agency Referral Form**

**Agency details**

|  |  |
| --- | --- |
| Agency Name  |  |
| Your Name |  |
| Your Role |  |
| Agency Address |  |
|  | Postcode |  |
| Tel No. |  | Mobile No. |  |
| Email |  |

**Carers details**

|  |  |
| --- | --- |
| Name  |  |
| Address |  |
|  | Postcode |  |
| Tel No. |  | Mobile No. |  |
| Email |  |
| Date of Birth |  | How long have they been a carer? |  |
| Name of person cared for, their age and their relationship to carer |  |

**Information about the grant you are applying for**

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| Has the carer received a grant from us before? If yes, please give details. This does not mean that we won’t be able to help them again. |
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| Please tell us how a course of counselling would help the carer?  |
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The trustees regret we are unable to reimburse costs already paid or anything that has been booked, contracted for or reserved prior to our agreement to fund/part-fund the cost. Many of the grants we award are under £300 and we may ask a carer to contribute towards the cost of an item.

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| I understand that all information supplied on this application form will be kept strictly confidential and will only be used for the purpose of selection and administration. The information I have given in this application is, to the best of my knowledge, true and accurate. I accept that any false or misleading statements may be sufficient cause for rejecting an application. A copy of our Grant Making Policy is available on our website, [www.leonardotrust.org](http://www.leonardotrust.org) or alternatively from our Broadstone office. |
| Signature of Professional |  | Date |  |