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**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**

 **(To be completed by referring agency or health/social care professional)**

**Agency details**

|  |  |
| --- | --- |
| **Your Name**  |  |
| **Your Role** |  |
| **Agency Name** |  |
| **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** |  |
| **Please describe their disability/health condition** |  |
| **Please tell us how a short break 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** |  |