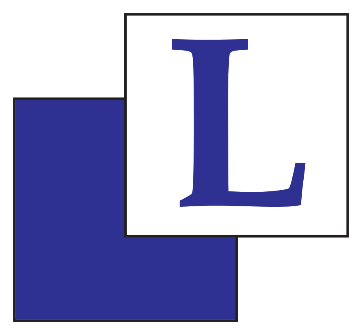
**Logo, company name

Description automatically generated**

**The Leonardo Trust**

**5 Dunyeats Road**

**Broadstone, Dorset**

**BH18 8AA**

**t: 01202 698325**

**e:** [**info@leonardotrust.org**](mailto:info@leonardotrust.org)

|  |
| --- |
| Office use only  Date 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?** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |

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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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** |  |