



Private & Confidential

YELLOW HEART TRUST APPLICATION FOR FUNDING

This section to be completed by the Applicant

Initials Only of Applicant Year of birth.....

City/town where Applicant lives:

.....

Occupation of Applicant

.....

How did you hear of the Yellow Heart Trust?

.....

Have you applied to other bodies for funding?

If so, where and what was the outcome?

Please state the reason you feel you require treatment:

.....

.....

.....

.....

Initials (in bold) of Applicant serving as signature:

Date:

This Section to be completed by the Applicant's Doctor/Therapist

Name of therapist:

.....

Speciality of therapist:

.....

Your professional registration details

Address of therapeutic or general practice:

.....

.....Postcode

Telephone or mobile number (that is best to be contacted on):

Email address:

Please describe your client's symptoms and any relevant behaviour/s:

.....

.....

Type and course of treatment recommended (summarised and in brief):

.....

We also require the Doctor/Therapist to include as part of this application a signed letter explaining in more detail how you will work with your client; your support for their funding application; and to pledge feedback, as appropriate, regarding your client's progress.

What is your charitable rate per session?

How much can your client (family or friend) afford to contribute?

What is the total amount of funding from YHT that is being requested.....

Signature of Doctor/Therapist:

Date:

Please return this form, together with your letter, to:
Philip Robinson, Whitehouse Farm Cottage, Staplefield Lane, Staplefield, West Sussex, RH17 6AU

or email to: thomasrhcollins@gmail.com

*In line with General Data Protection Regulation (GDPR), all your personal information is treated in the strictest confidence.
All information sent to the Yellow Heart Trust is treated with complete confidentiality.
However, we cannot be responsible for information whilst in transit via post or email.*