

# Grant Request Form

Name of patient:

Name of hospital where treatment is being received:

Diagnosis:

Name of consultant treating patient:

Name of person requesting the grant:

Relationship to patient:

Reason for requesting the grant:

Contact details for the person requesting the grant:

How did you hear about us?

**telephone:** 07582 926 926  
**email:** team@candicecolley.co.uk  
**www:** candicecolley.co.uk  
 facebook.com/TheCandiceColleyFoundation  
 twitter.com/candicecolley

15C Management House, 15 Carham Road  
 Carr Lane Industrial Estate, Hoylake, Wirral CH47 4FF

Registered charity no: 1149504

## FOR OFFICE USE ONLY

Date request received: \_\_\_\_\_

Supporting documents provided:      Yes      No

Approved:      Yes      No

Approved by: \_\_\_\_\_

Cheque number: \_\_\_\_\_

Method of delivery: \_\_\_\_\_

Confirmation of receipt of cheque:      Yes      No

