

**IN STRICT CONFIDENCE**  
**Welfare Grant Application Form**



Name of person applying for the grant:

.....

Address: .....

.....

Postcode: ..... Email: .....

Tel: .....

Amount of grant requested £ (maximum of £250 per request)

Date grant required (if applicable):

Purpose of grant: .....

.....

The person affected by craniosynostosis is: .....

Hospital attended (where applicable):

- Great Ormond Street     Oxford     Liverpool  
 Birmingham Children's Hospital     Other .....

Other sources of funding for which application has been made (if applicable)

.....

Are you related to or closely associated with a member of the Headlines board of trustees?

Yes / No    If yes, name: .....

I declare that this grant is necessary to assist with my/our circumstances as described above and attach a copy of supporting evidence of entitlement. I have read and understand the Headlines Welfare Grants Policy.

Signed:

Date:

Please email your completed form to [administrator@headlines.org.uk](mailto:administrator@headlines.org.uk)

**For Office Use Only**

Approved :

Date: