



Grant Application Form

Please complete this form by simply typing your details in the shaded areas and return it by post to:
Graham Ball, CEO, The New Victoria Medical Foundation, St David's House, 15 Worple Way,
Richmond upon Thames, Surrey TW10 6DG. Alternatively fax the form to: **020 8332 1799**, or email it to:
[NVMF Grant Applications](#)

Application details

Date:

First names:

Surname:

Address:

Postcode:

Email:

Telephone:

Are you the person for whom this application is being made: For myself: *Tick box*

or are you applying on behalf of a third party or organisation: On behalf of: *Tick box*

If you are applying on behalf of another individual, please give us their full name.

Name:

If you are applying on behalf of an organisation, please give us a link to their website.

Website:

If you are applying on behalf of a charity, please give us their charity number.

Charity No:

Continued overleaf

Grant details

Which grant are you applying for: Accessible Transport: Medical Bursary:
Mobility Aids for Children: Medical Treatment:

How will a grant benefit you or the beneficiary?

What will happen if you or the beneficiary does not get our help?

Please give as much information as possible to explain why you want a grant from the NVMF and anything else that you think may help us understand the problem in more detail and reach a decision:

Please give the name, job title and contact details of someone who may be able to support your application. We may contact these people to discuss how this grant would assist you/the organisation. Please include more than one if you wish.

Name:

Address:

Email:

Telephone:

Name:

Address:

Email:

Telephone:

The New Victoria Medical Foundation Limited

A Company limited by guarantee registered in England No: 1946612

Registered office: St David's House, 15 Worple Way,

Richmond upon Thames, Surrey TW10 6DG.

Registered Charity number: 292841