



**JUST BREATHE**  
SUPPORT FOR CYSTIC FIBROSIS

# GRANT APPLICATION FORM

Official Charity Use Only

Decision: Approve [ ] Refuse [ ]

Decision Date:

Application Number:

Please use BLOCK CAPITALS and blue or black ink to complete this form.

## SECTION 1 – ABOUT YOU (over 18's go to Section 2)

*This section is to be completed by the parent or carer of the applicant.*

Title	Mr [ ]	Mrs [ ]	Miss [ ]	Ms [ ]
First Name				
Surname				
Date of Birth				
Address				
Post Code				
Telephone Number				
Mobile Number				
Email Address				
Relationship to Applicant				

## Professional Referral

*This section is to be completed by an associated professional who is referring the named applicant (Section 2) to Just Breathe Cornwall.*

First Name	
Surname	
Occupation / Position	
Telephone Number	



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## SECTION 2 – ABOUT THE APPLICANT

*This section is to be completed by the parent or carer, unless over 18 years of age.*

Title	Mr [ ]	Mrs [ ]	Miss [ ]	Ms [ ]
First Name				
Surname				
Date of Birth				
Address (unless different to above)				
Post Code				
Telephone Number				
Mobile Number				
Email Address				
Date of Diagnosis				

## Who can we speak to about your claim?

*Please provide details of an associated professional from your local clinic. This will enable us to confirm your eligibility\*.*

First Name	
Surname	
Occupation / Position	
Telephone Number	

\*Alternatively, please supply a copy of your recent clinic appointment letter to confirm eligibility.



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## SECTION 3 – YOUR GRANT

*This section will tell us about your grant requirements. Please be specific, this will assist us when making our decision.*

<b>We need...</b> Please include estimated value.	
<b>Why do you need this?</b> What would be the benefit to you and your family?	

## SECTION 4 – YOUR AGREEMENT

Just Breathe Cornwall (JBC) require your consent to process the personal data recorded within this application form. JBC intend to hold personal data on account for the purposes of communicating with you regarding news, events and other charity activities only. Your personal data will not be shared or passed to any third-party organisation without your prior consent. **Please tick an option below to record your consent.**

- I give consent that Just Breathe Cornwall process my personal data contained within this application for reasons noted above
- I do not give consent that Just Breathe Cornwall process my personal data contained within this application for reasons noted above

**Please sign and print your name to confirm the details on the application form are true and accurate.**

Name \_\_\_\_\_

Signature

Print \_\_\_\_\_

Date

***When you have completed and signed the application form please post it to:***

***19 Woodgrove Park, Polgooth, St. Austell, Cornwall PL26 7BN.***

All applicants must keep a receipt to record the purchase of item/s detailed in Section 3. Just Breathe Cornwall (JBC) may, at any time, request evidence of the purchase for audit purposes.

For more information about our charity, please visit our website <https://justbreathecornwall.com/>