



West Dorset Mencap, Reg. Charity 243100  
 54 East Street  
 Bridport  
 Dorset, DT6 3LL. 01308 459545  
 secretary@westdorsetmencap.org.uk  
 www.westdorsetmencap.org.uk

## APPLICATION FOR GRANTS TO INDIVIDUALS/ORGANISATIONS

West Dorset Mencap is a local society founded by parents to help provide a better quality of life for children and adults with learning disability living in West Dorset.

This application form should be completed in full and returned to the Secretary in the addressed envelope provided.

**1. APPLICANT'S DETAILS:**

**Name:** .....

**Address:** .....

.....

.....

**E-mail :**.....

**Telephone / Mobile Number:** .....

**Date of Birth:** .....

**2. THIS APPLICATION IS SUPPORTED BY – Social Worker, Occupational Therapist, Community Nurse, Teacher, etc:**

**Name:** .....

**Address:** .....

.....

**Telephone No:** .....

**3. APPLICANT'S INCOME – INCLUDE DETAILS OF ANY DWP BENEFIT:**

**Severe Disablement Allowance:**

**Income Support**

**Disability Living Allowance Care:**    **high**        **medium**        **low**   

**Disability Living Allowance Mobility:**   **high**        **low**   

**Other Funds available?**



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**4. HAVE ANY OTHER ORGANISATIONS OR CHARITIES BEEN APPROACHED?**

No  Yes  Outcome .....

**5. DETAILS OF REQUEST:**

Item or article required: .....

Cost of item: .....

Contribution from applicant: .....

Amount requested: .....

**6. HAS APPLICANT RECEIVED ANY ASSISTANCE FROM THIS CHARITY IN THE PAST?**

Yes  No

**IF SO, PLEASE GIVE DETAILS:**

.....  
.....  
.....

**7. IF THIS APPLICATION IS APPROVED PAYMENT WILL BE MADE DIRECT TO BANK. PLEASE COMPLETE THE BELOW DETAILS :**

ACCOUNT NAME: .....

BANK ACCOUNT NUMBER: .....

SORT CODE: .....

**8. ANY OTHER INFORMATION YOU MAY WISH TO GIVE IN SUPPORT OF THIS APPLICATION:**

.....  
.....

Signed: .....

Date: .....

Office Use

Grant Approved by (Print Name & Sign) ..... Date: .....



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