

FORM OF AUTHORITY

I/We give my/our explicit consent to Thorngate Trust to do the following (please tick those that apply)

- Share the information we hold about you with other advice providers and/or relevant third parties
- Ask for specific information from a third party on your behalf
- Ask third parties to send us their information about your problem
- Ask health professionals for supporting evidence about you with regard to your problem.
- Give us permission to write to relevant third parties on your behalf
- Give us consent to share your personal information with other advice providers for the purpose of efficient appointments and referrals

Name(s)	
Address (incl post code)	
Signatures	
Date	Tel.No.

THE THORNGATE TRUST
APPLICATION FOR EDUCATIONAL GRANT

NAME OF APPLICANT:

ADDRESS

Tel.No:

e-mail:

Who are you making the application for?

Relationship to Applicant

D of B

Briefly describe educational course to be undertaken, including:
Length of Course
Name of Educational Establishment
Place of Study
Specific Purpose for any funds raised ie Specialist Clothing, Books, etc.

TOTAL AMOUNT REQUIRED

£

AMOUNT RAISED ALREADY
(specifying broadly how raised)

£

Any additional information that you consider would help the Trustees review this application.

Please use another page if necessary.