**THE MAGDALEN HOSPITAL TRUST**

**GRANT APPLICATION FORM**

**1. About your Organisation and you**

***N.B. Grants are only made to UK-registered charities.***

Registered charity name:

Registered charity number:

Website address:

Postal address:

Postcode:

Tel:

Email:

Your name:

Your role in the Charity:

**2. What does your Organisation do?**

Please tell us about the work of your organisation, including its origins, aims, vision and beneficiaries.

*(Max. 250 words)*

**3. About your application**

Please describe the project for which you are raising funds and what you hope to achieve. What is the total number of beneficiaries and what percentage are under 25?

How much will the project cost and what grant are you requesting from Magdalen?

*(Max. 250 words)*

**4. How is your Charity managed?**

How many people are involved (staff, volunteers, trustees and other advisors)? Do you have a training scheme/supervision for your staff and volunteers and do they all have the appropriate level of Disclosure & Barring Service (DBS) clearance? What experience do you have in running similar projects?

*(Max. 250 words)*

**5. Finance**

PLEASE ATTACH A COPY OF YOUR LATEST ACCOUNTS. If the project is new and no accounts are available, please give details of the budget for the first year. What funding is already secured for this project and from what source(s)? Do you receive support from your Local Authority? If so, what?

*(Max. 150 words)*

**Note**

We can only process successful grants through direct banking. Please give your charity’s bank details below.

*Please note that for payments made into a Building Society account you must provide their SWIFT/BIC code.*

**Account** **name:**

**Sort code** : **Account no**:

**SWIFT/BIC code:**

Signed:

Name:

DATE:

**Please send the completed form and attachment(s) to The Correspondent by email at:**

**correspondent@magdalentrust.org.uk**

*For your privacy:*

*Please note that, once completed, the details in this Application Form may be retained by the Magdalen Hospital Trust for future contact. Apart from instructing our bank when making payments, your data will never be shared with any other organisation. Should you wish the information contained in your Application Form to be deleted after processing and not retained, please advise our Correspondent accordingly.*