



The Campbell Burns
Metabolic Trust

Walking with you

Small Grant Application Form (Essentials)

A small grants programme for children aged ten and under diagnosed with a metabolic disorder

1. About the Applicant (Parents or guardians should fill this in on behalf of the child)

Name of applicant	
Date of Birth	
Address	
Home phone number	
Mobile number	
Email address	
Does the applicant have a metabolic disorder?	
Is the applicant ten or under at the time of application?	

Office use only

Reference	
Date of application	
Approved Y/N	
Amount	



2. About Your Application

How much money are you requesting from the Trust? (£100 max)	
Please provide the dates for which this application covers	
Please provide a receipt of costs (bills, parking fees, travel costs, receipts) If this application is for a cost not yet incurred, it is a requirement that receipts should be sent to the Trust within a month of the actual cost being incurred	
What difference would this grant make to your family life?	

3. Financial – who should the cheque be made payable to if your application is successful?

Name	
Address	
Relationship to child with metabolic disorder	
Home phone number	
Mobile number	
Email address	

4. Section to be completed by Professional Supporter only

This should be completed by a medical professional who is able to comment on the application. The professional, not parent, MUST fully complete this section and should be provided with the guidance notes that accompany the application.

For the purposes of this application, an applicant must have a metabolic disorder and be aged ten or under at the time of the application

Are you satisfied that the applicant meets the above criteria?	
Professional Supporter's name	
Job title	
Work address	
Work telephone number	
Work mobile number	
Work email address	
Signature	

5. Signature (to be completed by the parent/guardian on behalf of the applicant)

I confirm that to the best of my knowledge all the information given on this form is correct and accurate. I also confirm that I will spend the grant awarded on the activity described in this application. I also agree to be contacted by The Campbell Burns Metabolic Trust if my application is successful.

Name (block capitals)	
Relationship to child with metabolic disorder	
Signature	
Date	

We may need to contact you to discuss your application. If English is not your first language, please can you provide the name and telephone number of a relative who does speak English, and can discuss your application on your behalf.

Name	
Relation to patient	
Telephone number	

6. Lawful Basis for Processing Your Data

The Campbell Burns Metabolic Trust will only use data for the purposes of processing grant applications and maintaining charity records relating to those applications. Data will not be shared with third parties.

The lawful basis for The Campbell Burns Metabolic Trust to process data is “Legitimate Interest”. Data will be stored in line with the Trust’s Data Retention Policy. Please refer to the Guidance Document, Data Retention Policy and Privacy Policy for more information. These documents can be downloaded from the Trust website.

Further, as the data contained in the application form is Special Category Data, explicit consent must be given before the data can be processed.

Please sign the declaration below if you consent to the charity using the Special Category data you have provided in the way described above.

“I consent to The Campbell Burns Metabolic Trust using the data I have provided in this application in order to process my application.”

Signed _____

Name (Block Capitals) _____

Date _____



7. Consent for us to store data

The Campbell Burns Metabolic Trust needs to retain data from successful applications for a period of seven years, in order to maintain accurate records. This is in line with our Data Retention Policy.

You have the right to request that your data be removed from our systems and can contact us to request this. However, in order to maintain accurate records about the grants awarded, the Trust requires a record of basic data to be kept for seven years. This basic data is the applicant's surname, date of birth, type of grant, and date the grant was awarded.

Please sign below if you consent to our charity retaining your data in the way described above.

"I consent to The Campbell Burns Metabolic Trust retaining the data I provided in my application for a period of seven years, in line with their Data Retention Policy."

Signed _____

Name (Block Capitals) _____

Date _____

Please send your completed application form to:

The Campbell Burns Metabolic Trust

3 Merganser Way

Coalville

Leicestershire

LE67 4QA

Or arrange for the medical professional counter-signing your form to email it – from their NHS email account – to bekki.burns@campbellstrust.co.uk

