**Service User Bursary/Foundation**

**Application Form**

PLEASE TYPE OR USE BLOCK CAPITALS AND RETURN TO:

LYNN BENNOCH

CAIS LTD

12 TRINITY SQUARE, LLANDUDNO, CONWY

LL30 2RA

Email: lynn.bennoch@cais.co.uk

**SECTION 1 – ABOUT YOU**

|  |
| --- |
| 1.1.Full Name: |
|  |
| 1.2. Full Address: |
| 1.3. Contact Details: Please advise preferred method |
| Telephone number: |
| Mobile number: |
| Email address: |
|  |
| 1.4. Is this part of a group application? If so list the other group members below. |
|  |

**SECTION 2 – TELL US WHAT PROJECT YOU WANT THE MONEY FOR**

|  |
| --- |
| 2.1. What are you looking to do with the money?If you are applying for a course does it attract a fee waiver YES/NO delete as appropriate |
|  |
| 2.2. How will you benefit from the project? |
|  |
| 2.3. Have you applied to anyone else for financial help with this? Or do you have any money to put towards the application? |
|  |
| 2.4. How will you be able to tell us about what you have achieved with the grant? Would you be prepared to talk to other service users about the benefits? |
|  |
| 2.5. If the grant is for equipment what would you like to happen to the equipment when you no longer need it? |

**SECTION 3 – TELL US HOW MUCH YOU NEED**

|  |  |
| --- | --- |
| Item Description | Cost |
|  |  |
|  |  |
|  |  |
| Total |  |
| Total requested from Camre Bursary |  |

**SECTION 4**

Completion of this section will strengthen your application

**Tick all that apply**

Substance Misuse [ ]

Criminal Justice [ ]

Military [ ]

Mental Health [ ]

Any of the above [ ]

**IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US?**

|  |
| --- |
|  |
|  |
| *All information contained in this form is correct to the best of my knowledge*Signed:Print Name:Date: |

**PLEASE NOW GET A REFEREE E.G. YOUR SUPPORT WORKER TO COMPLETE SECTION 5 BELOW:**

**SECTION 5 – TO BE COMPLETED BY REFEREE OR SUPPORT WORKER**

|  |
| --- |
| 4.1. Your Name: |
|  |
| 4.2. Your organisation or relationship to the applicant: |
| 4.3. Your Contact Details: |
| Address:Telephone:Email: |
| 4.4. Please confirm the following: |
| * I have read the application and I believe that all the information is correct
* I am happy to support this application

Any other comments in support:Signed:Date: |