



## APPLICATION FORM

NAME (of person for whom request is being made): .....

ADDRESS: .....

.....

.....

D.O.B.: ..... TEL. NO.: .....

EMAIL ADDRESS: .....

NAME (of person making the application, if different from above): .....

RELATIONSHIP TO THE ABOVE NAMED PERSON: .....

ADDRESS (if different from above): .....

.....

.....

TEL. NO. (if different from above): .....

EMAIL ADDRESS (if different from above): .....

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- DETAILS OF EQUIPMENT BEING REQUESTED AND BRIEF EXPLANATION OF HOW IT WILL BENEFIT THE APPLICANT (please include exact cost of the equipment and details of suppliers / attach quotation if available):

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Where possible applicants are asked to submit a letter from a healthcare professional, social worker or teacher to support their application

- HAVE YOU SOUGHT FUNDING FROM ANY OTHER SOURCES (including statutory agencies, e.g. social services, NHS)?

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- ARE YOU ABLE TO CONTRIBUTE TOWARDS THE COST OF THE EQUIPMENT?

YES / NO (please delete as appropriate)

IF YES, HOW MUCH? .....

- LIFE MEMBERSHIP OF PIDLEY MOUNTAIN RESCUE TEAM IS ONLY £10 AND WE ENCOURAGE EVERYONE, INCLUDING APPLICANTS, TO JOIN. AN APPLICATION FORM IS AVAILABLE ON OUR WEBSITE. CHEQUES MADE PAYABLE TO: PIDLEY MOUNTAIN RESCUE TEAM.

- PIDLEY MOUNTAIN RESCUE TEAM IS A SMALL, LOCAL CHARITY. THE TRUSTEES FEEL THAT LOCAL PUBLICITY IS VITAL TO ITS CONTINUED SUCCESS. WE THEREFORE AIM TO PUBLICISE MANY OF OUR ACTIVITIES IN THE LOCAL PAPERS AND ON OUR WEBSITE. WOULD YOU BE HAPPY TO HAVE DETAILS OF YOUR APPLICATION INCLUDED?

YES / NO (please delete as appropriate)

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**PLEASE READ AND SIGN THE FOLLOWING DECLARATION:**

**THE TRUSTEES OF PIDLEY MOUNTAIN RESCUE TEAM ARE UNABLE TO ACCEPT RESPONSIBILITY FOR THE ASSESSMENT FOR APPROPRIATE EQUIPMENT PROVISION FOR INDIVIDUALS AND THEREFORE RECOMMEND THAT APPLICANTS SEEK PROFESSIONAL ADVICE AND ASSESSMENT PRIOR TO MAKING AN APPLICATION TO THE CHARITY.**

**PIDLEY MOUNTAIN RESCUE TEAM WILL NOT BE LIABLE FOR ANY INJURY CAUSED IN ANY WAY AS A RESULT OF SUPPLYING ANY EQUIPMENT TO AN INDIVIDUAL. RECIPIENTS SHALL ACCEPT RESPONSIBILITY FOR THE SAFE USE AND MAINTENANCE OF ANY EQUIPMENT SUPPLIED TO THEM BY PIDLEY MOUNTAIN RESCUE TEAM.**

I HAVE READ AND ACCEPT THE ABOVE DECLARATION:

SIGNED: ..... DATE: .....

RETURN THIS FORM TO: PIDLEY MOUNTAIN RESCUE TEAM  
**The Applications Officer c/o Pidley Village hall, High Street, Pidley, Huntingdon, Cambs. PE28 3DA**