



Western Health and Social Care Trust

GroupDP1
2017/18

Request for Carer Support Group Cash Grant

Name of Carer Support Group	
No of Group Members, how often and where you meet?	
Address Including Postcode	
Contact Telephone No	
Email Contact	
Group representative/s named contact	
Date of request	
Please give brief details of reason for request for cash grant <i>(Please continue on a separate sheet if necessary).</i>	
Please give details of cost and brief outline of service for which grant is required:	Cost: £ Outline of service:
I understand that the group must provide receipts for any cash grant given	
Signature 1	Date
Signature 2 (if appropriate)	Date

Completed Application should be returned to
Carers Support Team, WHSCT, 2 Coleshill Road, Enniskillen, BT74 7HG