



Western Health and Social Care Trust

GroupDP1
Jan 2014

Request for Carer Support Group Cash Grant

Name of Carer Support Group	
No of Group Members, how often and where you meet.	
Address	
Contact Telephone No	Postcode
Email Contact	
Bank Account Name of group <u>or</u> group representative/s (whichever is appropriate)	
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

Application should be sent to Cathy Magowan, Carers Co-ordinator,
WHST, 2 Coleshill Road, Enniskillen, BT74 7HG