



# JESSE'S ANCHOR

CHILDREN'S CHARITY

Charity Grant Application

Please return to [info@jessesanchor.org](mailto:info@jessesanchor.org)

	First Name	Surname	Relationship
Applicant Name :-			
Child's Name :-			
Oncologist/ Haematologist Name :-			
Parents Name :-			

Hospital :-

Address :-

Contact details for  
Hospital :-

Child's Diagnosis :-

Date of Diagnosis :-

Applicants Address :-

Postcode :-

Email Address :-

Telephone Number :-

Child's Date of Birth :-

Reason for Grant :-

Where did you hear about us ?

Have you approached any other charity's?\*

YES/ NO

If Yes who

**JESSE'S ANCHOR THE SIGN OF HOPE, STRENGTH AND TOGETHERNESS**

**OUR AIM IS TO ASSIST AS MANY CHILDREN DIAGNOSED WITH A RARE CHILDHOOD CANCER UNDER 4**

**DUE TO THE CHARITY COMMISSIONS ACT WE HAVE AN OBLIGATION TO CHECK THE INFORMATION YOU PROVIDE US IS CORRECT SO PLEASE TICK THE BELOW BOX TO INDICATE YOU GIVE US PERMISSION TO CONTACT THE HOSPITAL/SURGEON INVOLVED WITH YOUR CHILD'S TREATMENT , ALSO IF YOU ARE NOT THE PARENT YOU HAVE PERMISSION FROM THEM TO ASK FOR OUR ASSISTANCE**

**DUE TO LEGAL AND DATA ACTS PLEASE TICK TO SAY WE ARE ALLOWED TO HOLD YOUR DETAILS**

I GIVE CONSENT FOR YOU TO CONTACT THE HOSPITAL/SURGEON YES ( )

I AM/HAVE THE PARENT PERMISSION TO ASK FOR ASSISTANCE YES ( )

I GIVE CONSENT FOR YOU TO HOLD MY DETAILS ON FILE YES ( )

Signature :-

Print Name :-

Date:-

For Office Use :-

Application successful

Yes/ No

Signature :-

\*This is for information gathering and will not penalise your application