



## THE KINGSTON TRUST CIO GRANT APPLICATION

Please tick box to confirm you have read the guidance notes before completing this form

**Confidentiality:** All information will be treated by The Kingston Trust CIO in confidence. The Trustees reserve the right to approach the person supporting your application for further information and to use the information anonymously for reporting purposes.

Completed signed application forms should be sent via post to:  
The Kingston Trust CIO, PO Box 6457, Basingstoke, Hants RG24 8LG, or via email to:  
[secretary@kingstontrust.org.uk](mailto:secretary@kingstontrust.org.uk)

If completing by hand, please write clearly using black ink.

### Q1. PERSONAL DETAILS

|   |  |
|---|--|
| Applicant's full name: Mr/Mrs/Miss/Ms/Other |  |
|---|--|

|  |  |   |  |
|--|--|---|--|
| Date of birth of person with ileostomy or ileo-anal pouch: |  | Name of person with ileostomy or ileo-anal pouch if under 18: |  |
|--|--|---|--|

|   |  |
|---|--|
| Applicant's full address:<br>(including postcode) |  |
|---|--|

|                |  |                  |  |
|----------------|--|------------------|--|
| Home phone no: |  | Mobile phone no: |  |
|----------------|--|------------------|--|

|        |  |
|--------|--|
| Email: |  |
|--------|--|

|                          |  |                 |  |
|--------------------------|--|-----------------|--|
| Occupation of applicant: |  | Marital status: |  |
|--------------------------|--|-----------------|--|

|  |  |
|--|--|
| Diagnosis reason for operation), type of operation and date: |  |
|--|--|

|   |  |
|---|--|
| Do you have any other health problems?<br>If yes please give details: |  |
|---|--|

|  |  |
|--|--|
| Are you a member of IA/local stoma care or ileo-anal pouch group?<br>If yes please give details: |  |
|--|--|

Please provide details of the people living in your household:

|                                      |  |                                 |  |
|--------------------------------------|--|---------------------------------|--|
| Total number of people in household: |  | Total number of non-dependents: |  |
|--------------------------------------|--|---------------------------------|--|

|                           |                                |  |
|---------------------------|--------------------------------|--|
| Total number of children: | Under 18                       |  |
|                           | Over 18 in full time education |  |





## Q5. MEDICAL DETAILS/AUTHORISATION

All information will be treated as confidential but the Trustees will need to verify that you are eligible for a grant in accordance with the Trust Deed of The Kingston Trust CIO and to confirm that the information you have provided in this form is correct. Verification and confirmation will normally be obtained from your Doctor or Stoma Care Nurse. Please therefore advise their names and addresses.

|                |  |
|----------------|--|
| Doctor's name: |  |
|----------------|--|

|                   |  |
|-------------------|--|
| Doctor's address: |  |
|-------------------|--|

|                        |  |
|------------------------|--|
| Doctor's phone number: |  |
|------------------------|--|

|                        |  |
|------------------------|--|
| Stoma Care Nurse name: |  |
|------------------------|--|

|                           |  |
|---------------------------|--|
| Stoma Care Nurse address: |  |
|---------------------------|--|

|                                |  |
|--------------------------------|--|
| Stoma Care Nurse phone number: |  |
|--------------------------------|--|

### Authorisation:

I authorise The Kingston Trust CIO to contact my Doctor or Stoma Care Nurse as named above on my behalf in support of my grant application. I also authorise The Kingston Trust CIO to contact on my behalf any other Welfare Organisations that may be able to provide grant aid.

I give permission to The Kingston Trust CIO to store my information on a computerized database, in accordance with The Kingston Trust CIO Privacy Statement.

*Full details of The Kingston Trust CIO Privacy Statement can be found on our website or requested from our secretary.*

|         |  |
|---------|--|
| Signed: |  |
|---------|--|

|                   |  |
|-------------------|--|
| Applicant's Name: |  |
|-------------------|--|

|       |  |
|-------|--|
| Date: |  |
|-------|--|