

John Martin’s Charity
16 Queen’s Road
Evesham WR11 4JN
Telephone – 01386 765440
www.johnmartins.org.uk
enquiries@johnmartins.org.uk

CONFIDENTIAL

Supporting Agency Referral Form for Grant Assistance

Registered Charity No - 527473

Agency Name & Address:
Contact details: Name Tel No Email

Applicant Name & address:
Contact details: Tel No Email

What assistance is being requested from John Martin's Charity?	Cooker <input type="checkbox"/> Fridge <input type="checkbox"/> Fridge freezer <input type="checkbox"/> Freezer <input type="checkbox"/> Carpets <input type="checkbox"/> Washing Machine <input type="checkbox"/> Furniture <input type="checkbox"/> Financial assistance * <input type="checkbox"/> Disability aid * <input type="checkbox"/> Other * <input type="checkbox"/> (*Please provide further details as required)
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Circumstances/background (continue on separate sheet if required)
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What support is already being given by your agency?
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I confirm that:
The applicant has been made aware of this referral and consented to this information being processed by John Martin's Charity in accordance with the Privacy Notice detailed on your website (www.johnmartins.org.uk/contact-us/application-forms.html).

Signed: Dated:

This form may be posted or emailed to the Charity. If emailing, please send it as a pdf attachment.