



# THE TAVISTOCK TRUST FOR APHASIA

Registered Charity No. 1131611

## GRANT APPLICATION

### 1. DETAILS OF THE APPLICANT

*Please give the contact details:*

Name:

Address:

Post code:

Tel:

Fax:

E-mail:

### 2. PURPOSE OF THE PROPOSED GRANT

*Please give a brief description of how the grant will be used and contact details of the proposed beneficiary, if different from the person making the application – use a separate sheet if necessary:*

### 3. PLEASE ENCLOSE A LETTER OF REFERRAL WITH CONTACT DETAILS

### 4. AMOUNT REQUESTED:.....

SIGNED:.....DATE:.....

### PLEASE RETURN THE COMPLETED FORM TO:

The Administrator, The Tavistock Trust for Aphasia, Bedford House,  
15 George Street, Woburn, Bedfordshire MK17 9PX