



# THE TAVISTOCK TRUST FOR APHASIA

Registered Charity No. 1131611

## GRANT APPLICATION

### **1. DETAILS OF THE APPLICANT (BENEFICIARY)**

Name:

Address:

Tel:

E-mail:

Date of Birth:

### **2. PURPOSE OF THE PROPOSED GRANT**

*What do you need the grant for?*

*Why do you want the item you requested?*

*What home support do you have?*

*Have you considered purchasing this item yourself?*

**3. PLEASE GIVE THE NAME OF THE SPEECH AND LANGUAGE THERAPIST OR OTHER QUALIFIED PERSON WHO IS REFERRING YOU**

**NAME:**

**ADDRESS:**

**TELEPHONE NUMBER:**

**EMAIL ADDRESS:**

**4. PLEASE ATTACH A REFERRAL LETTER FROM THE PERSON NAMED ABOVE**

**5. ITEM AND 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