



PLEASE GIVE A BREAK DOWN OF HOW THE MONEY WILL BE SPENT (e.g., cost for treatment, specialist equipment, etc)

Request	Cost

ARE YOU THE FULL TIME CARER OF THE CHILD/GROUP? YES / NO
(please circle)

.....

IF YOU ARE NOT EITHER OF THE ABOVE PLEASE STATE YOUR RELATIONSHIP WITH THE CHILD/GROUP. (Teacher, social worker, etc)

.....

WHERE DID YOU HEAR ABOUT HELP A GUERNSEY CHILD?

.....

ARE YOU CURRENTLEY SEEKING FUNDING FROM ANY OTHER ORGANISATION?? (If yes please specify the name(s) of such organisation(s))

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ANY OTHER INFORMATION YOU MAY THINK IS IMPORTANT

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Date of request Signed

Your request will be dealt with at the next Help A Guernsey Child committee meeting. Due to the quantity of applications Help A Guernsey Child receives remember to send as much information as possible.

**SEND TO REBECCA MCGOWAN rebecca@hagc.org.gg
 12 WESTERBROOK, ST SAMPSON, GUERNSEY GY2 4QQ
 TEL 07781442034 FAX 01481 241120**