





**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)**

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 .....

**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  
 12 WESTERBROOK, ST SAMPSON, GUERNSEY GY2 4QQ  
 TEL 01481 242000 FAX 01481 241120**