



# READING DISPENSARY TRUST

Registered Charity No. 203943  
 16 Wokingham Road, Reading RG6 1JQ  
 Tel: 0118 926 5698  
[www.readingdispensarytrust.org.uk](http://www.readingdispensarytrust.org.uk)  
[theclerk@readingdispensarytrust.org.uk](mailto:theclerk@readingdispensarytrust.org.uk)

The Charity exists to assist those in need with a medical condition (physical or mental) where statutory assistance is unavailable.

Evidence is required to support the application; therefore, applications **must** be endorsed by a suitable qualified medical/health professional and/or recognised support agency.

Any grants approved will be paid to the referring agency. Receipts will be required to confirm that any grants made have been utilised for the purpose granted. Payments are NOT made to individuals

**PLEASE READ THE ATTACHED GUIDELINES BEFORE COMPLETING THIS FORM AND ATTACH A DATA PROTECTION CONSENT FORM AND COVERING LETTER**

<b>The Applicant – full name and address</b>	<b>Telephone No:</b>	<b>Age:</b>
	<b>Single/living with partner/married</b>	
	<b>Employed</b>	<b>Present or former occupation</b>
	<b>YES/NO</b>	

Other people living in household	Age	Relationship to the client	Dependant/contributing

Item for which the grant is requested Description of item/s. Dimensions if applicable	Cost (inc. installation)	Supplier

<b>Contribution</b> How much are you able to contribute to the item/s? £.....	
Have you applied to any other charity If yes, please give details .....	YES/NO Amount Requested £
Status of application Requested/paid/conditional/agreement/waiting	
Are you receiving any statutory help, e.g. Social Services If yes, please give details: Agency .....	
Status of application Requested/paid/conditional/agreement/waiting	Amount Requested £

Financial Information – please be as accurate as possible			
Savings and investments		Debts and arrears, unpaid payday loans	
	£		£
	£		£
	£		£
<b>TOTAL</b>	<b>£</b>	<b>TOTAL</b>	<b>£</b>

Income & Expenditure - please state weekly or monthly					
INCOME	Weekly	Monthly	EXPENDITURE	Weekly	Monthly
	£	£		£	£
Earnings			Housing: Rent		
Pension: State			Mortgage		
Personal			Council tax		
Company			Water		
Benefits: Please list			Gas		
			Electricity		
			Telephone		
			TV Licence/rental		
			Travel (fares/petrol/taxis)		
			Car costs (tax/insurance)		
Other Income			Hire purchase/credit agreements		
Parental/other contributions			Other loans/catalogues		
			Food		
			Any other expenses – please list		
<b>TOTAL INCOME</b>			<b>TOTAL EXPENDITURE</b>		

**Declaration by the applicant**

I declare that the information given on this form is true and to the best of my knowledge and belief complete.

Signed by the applicant: ..... Date: .....

**Statement by the referring Agency/Person**

I support this application based on a real medical need (evidence provided) for which there is no statutory provision. **A supporting letter is attached.**

Signature: ..... Position: .....

Name (CAPS): ..... Agency: .....

Date: ..... Telephone Number: .....

Email: .....

**PAYMENT WILL BE MADE BY BACS, UNLESS OTHERWISE REQUESTED. PLEASE CONFIRM ORGANISATION BANK ACCOUNT SORT CODE, NUMBER AND REFERENCE TO BE USED:**

Sort Code: ..... Bank Account: ..... Reference: .....