



When completed please return this form with supporting evidence to:

**Team Verrico**  
**PO Box 1509,**  
**Doncaster**  
**DN9 1YJ**

Or email to: [teamverricocounsellingservice@gmail.com](mailto:teamverricocounsellingservice@gmail.com)

**1. Your details (the person(s) requesting counselling)**

Name:

Address:

Postcode:

Telephone Number:

Email address:

Age:

Date of Birth:

Dependants:

Dates of Birth:

**2. Tell us how Counselling would benefit you/your family at this time**  
*Please use a sheet of continuation paper if you wish*

**3. Can you tell us about your (or your partner/family members) medical diagnosis?**  
*Please attach a medical report of you have one*

**4. Details of support**

Estimated cost of funding support (including VAT) £

Amount from other sources £

Amount requested from Team Verrico £

**Please include quotes/estimates/costings/emails.**

**Note subject to Team Verrico Trustee approval Team Verrico support payments are not made to individuals. Support payments are made direct to organisations.**

**Do you have private medical insurance - YES / NO**

**If YES please confirm name of provider -**

**5. Validation**

This application form **should be supported** by your GP, Cancer Nurse Specialist or Macmillan Nurse. This is not a complete list and we may need to contact this person for further information.

Name:	Profession (Including all relevant qualifications):
Contact Address:	
Telephone Number:	
Email address:	

**6. Supporting Information - Please use a continuation sheet of paper if you wish**

**May we pass your telephone number and other relevant details to the support organisation? YES/NO**

**7. Applicant declaration**

**I have read the details included in this application and confirm I am applying for funding.**

Signature:	Date:
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**8. Supporting Professional declaration**

**I have read the details included in this application and I am endorsing this application for support funding.**

Signature:	Date:
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Team Verrico Counselling Support Application Form  
**Checklist**

Before you send your completed grant application to us please ensure you:

1. Complete and sign the form in full
2. Obtain the support and signature of a relevant health professional

**Data Protection**

Apart from supporting your funding application, and in accordance with our own Data Protection and Confidentiality policy, we will never share your personal information with a third party.

**Registered Charity Number 1158126**  
**Team Verrico**  
**PO Box 1509**  
**Doncaster**  
**DN9 1YJ**

**Confirmation of Application Received**

**Date Received:-**

**Date Application Circulated to Trustees:-**

**Application Decision:-**

**Applicant Notified:-**

