



APPLICATION FOR EMERGENCY SUPPORT GRANT

Email to: Alison.Tweddle@cbtrust.org.uk

Please complete each section after the "x"

Name of Hospital/Organisation: x			
Burn Care Professional's Name, Position & Contact Telephone No: x			
Please give brief details of the child, their injury & treatment:			
Age: x	First Name/Initials: x	xMale / Female*	
Type of burn:	xScald / Flame / Other*	%age of burn:	x
Date of admission:	x	Expected discharge date:	x
PLEASE GIVE BRIEF DETAILS OF THE FAMILY'S EMERGENCY SUPPORT REQUIREMENTS:			
*Travel by public transport: Cost per return trip to hospital x Train: £ __ Bus: £ __ Total: £ __		*Travel by private car: Number of miles (round trip from home to hospital) x __ miles @ 20p/mile	
Approximate number of in-patient and out-patient visits to the hospital for which reimbursement is required _____			
Other support requested (ie accommodation/ childminding / clothes, etc.) Please give full details: x			
<p>The Trustees' decision will normally be emailed to you within 5 working days. Payment details will be requested at that time – it may be possible to pay the grant by cheque or direct into a bank account. We are also happy to send the paperwork to the family, or via yourself.</p>			
<small>FOR OFFICE USE ONLY:</small> TRUSTEE SIGNATURES: DATE:			

* delete as appropriate