**The Trauma Healing Collective**

**SUBSIDY REQUEST FORM**

Once complete please **RENAME** this form with your **FULL NAME** send as a **WORD** document by email to: amatullah.salmon@traumahealingcollective.co.uk

Photographs of this form will not be accepted. We cannot open shared documents.

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| **PERSONAL DETAILS** |
| First Name: | Surname: |
| Preferred Name: |
| Email address: |
| Address:  | Telephone number(s): |
| Age: (Please tick) |
| 18-24 | 25-34**SUBSIDY** | 35-44**SUBSIDY** | 45-54**SUBSIDY** | 55+**SUBSIDY** |

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| **SUBSIDY COST** |
| What package do you require support with?  |  |
| What percentage do you require support with? (Please tick) |
| 25% |  |
| 50% |  |
| Please state below in no more than 50 words why you are requesting a subsidy. |
| Please note that we may ask you to provide proof of your low income.Subsidies are not guaranteed. |
| All data supplied will be kept securely by The Trauma Healing Collective CIC as per Data protection laws. |