**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](mailto: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** |

|  |  |  |
| --- | --- | --- |
| **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. | | |