



Help our Wounded

Royal Marines and Supporting Arms - Charity No:
1150893

Office Use only: DL/JM/BJ/CF/JH

Initial application for a grant.

Surname:		First Name:	
Address:		Preferred name:	
		Marital Status:	
		Maiden name:	
Post code:		Date of Birth:	
Phone no:		Place of Birth:	
Mobile no:			
Email :			

Service Details:

Service/ Corps/ Regiment:		Date Enlisted:	
Service No:		Date of Discharge:	
Rank at discharge:		Reason for discharge:	
Where served:			

Medals/Awards :

Medical History

Date of last Dr appointment:

Reason for appointment:

Doctors Address:

Doctors Name:

NHS No:

Registered PTSD

YES / NO

Date:

any other illnesses or disabilities:

YES / NO

Date:

Details:

Other Details that may help with your application

Depending on your circumstances you may be invited to a short telephone meeting with Help our Wounded Royal Marines and Supporting Arms. Please indicate if you would be willing and able to attend.

YES / NO

Are you in receipt of a War Pension?:

YES / NO

Are you in receipt of a Military Pension?:

YES / NO

Have you had an application for a War Pension rejected?

YES / NO

National Insurance Number:

Details of grant required

Grant amount:

Reason:

Reasons other charities have deferred you:

Who suggested you should apply to HOWRM&SA?
(i.e. Social Services, RMA, friend, RMC, RBL, SSAFA?)

How can HOWRM&SA help you?
e.g. training, respite, holiday, advice, companionship, funding

I declare that to the best of my knowledge and belief, the answers to the questions contained in this form are correct. I authorize the Ministry of Defense to disclose information from my personal file to HOWRM&SA and that my G.P, Hospital Consultant and any other agency may make records available, in confidence.

DATA PROTECTION STATEMENT: HOWRM&SA will maintain a record of your personal details on a computer database and keep personal files in a secure environment. These details will be available to the trustees at HOWRM&SA under strict control. Under the Data Protection Act you have the right of access to your personal data.

Date:

Signature:

**NB: If someone is signing the form on your behalf they must hold Power of Attorney and include a copy of the PoA documentation.
Electronic signatures or verbal consent are not accepted.**

When completed, please return this form to: **HOWRM&SA, 20 Homewood Avenue, Sittingbourne, KENT - ME10 1XL**