

Application form for: The Chloe Cotton Trust Fund

**Application to be completed by Parent or Guardian**  
**Applications must be endorsed by a Doctor, Social Worker or other Health Care Professional**  
**Endorsement (PLEASE TYPE OR USE BLOCK LETTERS)**

Name of Child/Young Person: .....

He/she has been diagnosed as living with a potentially life-limiting illness namely:

.....

In my opinion this application will be of benefit to the family: (enclose covering letter if appropriate)

Full name of person endorsing this application: .....

.....

Relationship to Child (e.g. Doctor, Social Worker etc.)

.....

Address: .....

.....

.....

..... Post Code: .....

Telephone No: ..... Fax No: .....

Chloe Cotton Trust Fund correspondence to: Family or Sponsor

Signature: ..... Date: .....

## Application form for: The Chloe Cotton Trust Fund

Name of Child/Young Person: .....

Date of Birth: ..... Age: .....

Name of Parent/Guardian: .....

Address: .....  
 .....

Postcode: ..... Telephone No: .....

Purpose of Application (please give details outlining the cost of any items required and written estimates where possible).

Are you proposing to make any other applications in relation to this particular request?

Is the item available through the local health authority?

If you have previously applied to the Trust please give brief details:

Please add anything else you feel the Trust should know:

**Financial details of all persons living with the child must be given**

(A) Names of Parent: Partner: .....

Occupation: .....

Other children Yes/No If yes please give age and dates of birth of children  
 .....

Your request :

If on low income benefits please fill in section (B) giving average monthly figures, then go straight to section (E) below, otherwise please fill in sections (C) and (D) of financial status questionnaire.

<p><b>(B) Details of benefits per month</b></p> <p>Unemployment benefit                  Housing benefit                  Income support or                  W.F.T.C                  Child benefit                  Disability living allowance                  D.L.A                  Total</p> <p><b>(E) Signature of parent/carer</b>                  Date .....</p>
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<p><b>(C) Family income per month</b></p> <p>Wages                  Child benefit                  D.L.A                  Savings                  Total</p> <p>Total figures must be given                  I verify the information is true and complete</p>
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<p><b>(D) Family expenditure per month</b></p> <p>Rent, council tax mortgage                  Electricity gas, telephone                  car                  Food clothing                  Loans etc.                  Total</p>
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**Please post this application as soon as possible, together with copies of documents which you feel may be relevant.**