

The Fisher Parkinson Trust

What is the name and address of the Further Education College or training provider?	
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Section 4 – What would you use the grant for?

4.1 If we are able to give you a grant please tell us what you would use the money for:

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Section 5 – Declaration

5.1 I confirm that the information given above is correct. If the information changes, I will inform the Fisher Parkinson Trust. I give permission for the Fisher Parkinson Trust to record the information on this form electronically and to contact me by mail or email about this application and to contact the college or training provider if necessary:

Signature:

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Date:

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Section 6 - Confirmation

Confirmation by Thomas Eaton School
I confirm that the applicant was a pupil at this school between and
Signed..... Capacity..... Date.....

Confirmation by College or Training Provider
I confirm that the applicant has enrolled for the course detailed below:
Course
Duration Name of Provider
Contact Address
Signed Capacity Date

Completed Form should be returned to: The Fisher Parkinson Trust, 23 Dartford Road, March, Cambs, PE15 8AN. You will be notified in writing by the end of the year of the Trusts decision on your application.

Copy of The Fisher Parkinson's Privacy Policy available on request from the above address.