

Who else have you applied to for monies and when is their decision expected?

If successful, please indicate who the cheque should be made payable to and the address to which it should be sent

(Wherever possible, cheques should be made payable to an institution / organisation)

Proof of acceptance on a course or proof of purchases could be requested.

It would be helpful if you could indicate how you heard of this Charity

Application form and supporting material to be returned to:

**The Administrator of the Sir Peter Seaman Charity
c/o The Great Hospital
Bishopgate
Norwich
NR1 4EL**

All applicants will be advised of the outcome of their application

The Sir Peter Seaman Charity and The Great Hospital collect and process personal data relating to grant applications. We are committed to being transparent about how data is collected, stored and used and in meeting data protection obligations under data protection legislation including the General Data Protection Regulation (GDPR). Please read our privacy notice for grant applicants for further information on how and why we collect and use your personal information, both during and after a grant application process. This can be found here; http://www.greathospital.org.uk/wp-content/uploads/2018/05/Sir-Peter-Seaman-Privacy-Notice-for-Grant-Applicants_LP.pdf

For Office use only:

Date	Outcome	Amount Approved	Signature