



THE BERKSHIRE NURSES AND RELIEF IN SICKNESS TRUST

APPLICATION FOR GRANT AID 2025

Name of Charity/Organisation

Address

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Tel. No. email

Website:

Registered Charity No. - where applicable

Aims and Purposes of Charity/Organisation:

Amount of Grant Required:



THE BERKSHIRE NURSES AND RELIEF IN SICKNESS TRUST

APPLICATION FOR GRANT AID 2025

Purpose for Which Grant Required:

Has any Application been made to any Other Charity, Trust, or Fund in this Matter? If so, please give Full Details. Note: To assist with our Administration, Information supplied on this Application Form (and Details of any Grant Awarded) may be shared with the Charity, Trust, or Fund mentioned by you.

Signature of Secretary/Chairman Date

Please return completed form to: chair.bnrst@gmail.com

N.B. Please Attach the Most Recent Annual Report/Balance Sheet