

PROJECT NO \_\_\_\_\_ *(please complete)*



**APPLICATION FOR UK FUNDING**

***(PLEASE SEND THREE COPIES OF THIS FORM AND YOUR LETTER)***

NAME OF LEAD APPLICANT.....

ADDRESS.....  
.....  
..... POSTCODE.....

PHONE (H)..... PHONE (W).....

EMAIL.....

NAME OF PAYEE (IF FUNDING SUCCESSFUL) .....

**IF THE APPLICATION BEING MADE ON BEHALF OF AN ORGANISATION PLEASE ENTER DETAILS BELOW**

NAME .....

ADDRESS.....  
.....

POSTCODE.....

PHONE.....

EMAIL.....

**BRIEF DESCRIPTION OF PROJECT *(IN ADDITION PLEASE INCLUDE A LETTER, NO MORE***

***THAN ONE SIDE OF A4, SETTING OUT YOUR VISION FOR THE PROJECT IN MORE DETAIL)***

**NAMES AND PROFESSIONAL AFFILIATIONS OF THOSE INVOLVED IN THE PROJECT**

**ANTICIPATED DATE OF  
COMMENCEMENT.....**

**ANTICIPATED LENGTH OF  
PROJECT.....**

**SUM REQUIRED.....**

**PLEASE PROVIDE DETAILS OF HOW THE FUNDING WILL BE USED**

**PLEASE PROVIDE DETAILS OF HOW THE PROJECT WILL BE MANAGED**

Homeopathy Action Trust, PO Box 5497, Northampton NN6 0ZH Tel/Fax. 08702 407014  
Email: [info@homeopathyactiontrust.org](mailto:info@homeopathyactiontrust.org) [www.homeopathyactiontrust.org](http://www.homeopathyactiontrust.org)  
Company No. 02463858, Registered Charity no. 32853 (doc version 04/06)

PLEASE PROVIDE DETAILS OF HOW THE PROJECT WILL BE MONITORED AND EVALUATED

PLEASE GIVE DETAILS OF FUNDING FROM OTHER SOURCES, EITHER APPLIED FOR, OR RECEIVED PREVIOUSLY

***WE WISH TO ENCOURAGE PROJECT DEVELOPMENT, AND INTEND TO PUBLISH REPORTS ON PROJECTS ON AN ONGOING BASIS IN 'PICTURE OF HEALTH'. APPLYING FOR THIS FUNDING INDICATES YOU AGREE TO PROVIDE INFORMATION/PHOTOGRAPHS WHICH MAY BE USED FOR THIS PURPOSE***

SIGNED.....

DATE.....