



## CARFRAE BENEFIT FUND APPLICATION AND GUIDELINES FOR COUNTY CHAIRMEN

*Please study this carefully*

1. The purpose of the Carfrae Benefit Fund is to assist members of the Trefoil Guild with some acute mental or physical disability and those who are suffering from a terminal illness or serious illness from which there is no prospect of a full recovery, to enable them to take part, with their carers as required, in Trefoil Guild activities.

2. Examples of circumstances under which grants may be given are:

- a) Provision of specialist transport to Trefoil Guild meetings
- b) Provision of specialist equipment to enable a member to take a full part in Trefoil Guild activities
- c) Provision of funding towards a Trefoil Guild holiday
- d) Provision of care assistance for a Trefoil Guild holiday

3. Although the nominee may not be known to them personally, it is the responsibility of the County Chairman to send on only those applications which come under the purpose of the Carfrae Benefit Fund.

This may need to be explained to the person making the recommendation. It is therefore necessary to check very carefully that the nominee **needs** this facility, and the reason is clearly shown on the form. The form **should not** be completed by the person for whom the grant is intended.

4. The County Chairman should check that Part One of the application form is completed with as much detail as possible under all headings. If necessary, extra sheets may be attached.

5. Part Two should then be completed by the County Chairman. Anyone may recommend a person through the County Chairman, but the County Chairman's comments are very important and will determine the outcome of the application. These comments need to cover all the points in paragraph 6 if such information does not appear elsewhere on the form.

6. It is appreciated that finance can be a delicate subject, particularly to the elderly, but the person making the recommendation should have some idea of the nominee's situation, and the information must be passed on to the County Chairman.

- a) Could the nominee have this facility if there was no bursary forthcoming?
- b) Is the nominee likely to receive financial help from any other source?
- c) Is the facility already ordered, and if so, when was it ordered?

**N.B.** Each application must stand on its own merits at the time, bearing in mind the number of claims on the funds available.

7. These notes should be left attached to the application form until the form is completed.

**ALL DETAILS ARE TREATED IN THE STRICTEST CONFIDENCE.**

The completed application form should be sent to: The Carfrae Benefit Fund, The Trefoil Guild Office, 17-19 Buckingham Palace Rd, London SW1W 0PT

Written confirmation of the grant will be sent to the applicant with a copy to the County Chairman.



**CARFRAE BENEFIT FUND GRANT APPLICATION FORM**

Please complete fully ON BOTH SIDES and return it to  
The Trefoil Guild Central Office, 17-19 Buckingham Palace Road, London SW1W 0PT

PART ONE - IN CONFIDENCE - To be completed by Nominator Please refer to Guidelines	
Nominee Name:	
Address:	
Tel:	Email:
Position in the Movement:	
Name of Guild:	
County:	
Country/Region:	
Circumstances creating the need for a grant: Please refer to paragraph 2 of the Guidelines and give as much detail as possible.	
Please continue on a separate sheet if necessary	
Facility for which the Grant is required:	
Date of order or purchase of this facility:	
Total cost (in sterling) of the facility:	
Amount of Grant required:	
Date Grant required:	
What financial support, if any, do you expect to receive from:	
a) Your Guild?	b) Your County?
c) Your Country/Region?	d) Any other source?
Recommended by: PLEASE PRINT Name: Mr/Mrs/Miss/Ms/Other:	
Address	
Tel:	Email:
Position in the movement	
Signed:	Date:

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**PART TWO**

**County Chairman's Comments**

Please give as much information as possible. (See paragraph 6 of the Guidelines)

Please continue on a separate sheet if necessary

**Signature of County Chairman:**

**PLEASE PRINT NAME:**

**Name: Mr/Mrs/Miss/Ms/Other:**

**Tel:**

**Email:**

**Should the grant be agreed, to whom should the cheque be made payable:**

**PLEASE PRINT**

**Name:**

**Address:**

**OFFICE USE:**

**Grant awarded/not awarded:**

**Amount:**

**Date:**

Photocopies of this form are acceptable

December 2009