

footsteps care

rest, relaxation, recuperation, recovery

GRANT APPLICATION FORM			
NAME OF APPLICANT:			
ADDRESS:			
AGE:			
FAMILY SUPPORT:			
MEDICAL INSURANCE DETAILS (if any):			
HAS THE APPLICANT PREVIOUSLY RECEIVED A GRANT FROM FOOTSTEPS or FOOTSTEPS CARE: (Please tick the appropriate box)			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Please give details of amount(s) and date previous grant(s) received:			
DETAILS & COST OF PROPOSED CONVALESCENCE: (Details of name & address of venue and cost of proposed convalescence must be included for application to be considered)			

Footsteps Care is a Company Limited by Guarantee Company Registration No: [638961](#)
Registered Address: Unit C1 Nutgrove Office Park, Nutgrove Avenue, Rathfarnham, Dublin 14
Formerly known as Footsteps (The Convalescent Home Stillorgan)
Correspondence Address: [The Rectory, Emoclew Road, Arklow, Co. Wicklow](#)
Tel: [086 6076481](tel:0866076481) e-mail: footsteps.careco@gmail.com
Registered Charity Number (RCN): [20204763](#) CHY No: [22522](#)
Directors: [Rosalie Parker](#), [Derek Earl](#), [Caroline Liddy](#), [Seamus Shields](#), [Kieran Buckley](#), [Eileen Phelan](#)
Company Secretary: [Charles Jackson](#)

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APPLICANT'S FINANCIAL STATUS & DETAILS:

(Detail of all applicant's income must be included)

REASON CONVALESCENCE REQUIRED:

SUPPORTING MEDICAL DETAILS:

ANY RELEVANT ADDITIONAL SUPPORTING INFORMATION:

NAME & TITLE OF HEALTHCARE PROFESSIONAL WHO IS RECOMMENDING AND VERIFYING ALL THE INFORMATION ON THE APPLICATION FORM:

SIGNATURE (IF USING EMAIL PLEASE SEND HARD COPY BY POST ALSO):

PLEASE SUBMIT THE APPLICATION FORM via email to footsteps.careco@gmail.com or it may be posted to the correspondence address below.

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