

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

# footsteps care

rest, relaxation, recuperation, recovery

## 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](mailto:footsteps.careco@gmail.com) or it may be posted to the correspondence address below.

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, Clonroche, Enniscorthy, Co. Wexford](#)

Tel: [086 6076481](tel:0866076481) e-mail: [footsteps.careco@gmail.com](mailto:footsteps.careco@gmail.com)

Registered Charity Number (RCN): [20204763](#) CHY No: [22522](#)

Directors: [Kieran Buckley](#), [Derek Earl](#), [Caroline Liddy](#), [Séamus Shields](#), [Rosalie Parker](#), [Eileen Phelan](#)

Company Secretary: [Charles Jackson](#)