APPLICATION FORM — All information on this form will be treated in	confidence.	ns Grant	G P
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. APPLICANT'S DETAILS:			
Full name:		Tel No:	
Address:		Mobile No:	
		Email 1:	
		Email 2:	
Post code:		Droforrad mathad of	antaat.
Relationship to Eligible Police In		Preferred method of contact:	
2. POLICE PARENT'S DETAIL	S:		
Full name of Eligible Police Ind	ividual:		
Rank and number:			
Current or last employing for	ce:		
Current or last employing for Name of Deceased Parent if of):	
		: :	
Name of Deceased Parent if of	lifferent from above):	
Name of Deceased Parent if of Date of death/incapacity: 3. NAME OF CHILD APPLYING F	lifferent from above		Resident with
Name of Deceased Parent if of Date of death/incapacity:	OR GRANT	h Relationship to	Resident with applicant - Y/N
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5. APPLICANT'S DECLARATION
I understand that all personal information on this form will be confidential to The Police Children's Charity and shared in confidence only with other Police Charities; and that the personal information will not be shared with persons other than that without my express consent unless required to do so by law.
In order to provide the best possible levels of service, updates or other information I agree to The Police Children's Charity contacting me using the details I have provided.
I am the parent/guardian of the child/children for whom application for a benefit is made. I certify that the information given in this application is, to the best of my knowledge and belief correct and that should any over-payment be made this will be repaid without any undue delay.
Signature: Date:
Print name: