

AYLSHAM QUEEN ELIZABETH II JUBILEE TRUST
APPLICATION FORM

Applicant's Full Name(s)		
Address		
Post Code		
Telephone Number		
Date of Birth <small>If under 13 please contact the Town Clerk before applying</small>		
Period of Residence in Aylsham	From	To
Name of School/College or Employer and length of time attended		
Name of Youth Organisation (if relevant) and length of time as active member		
Title of Proposed Activity		
Details		
Cost		
Aim and Purpose		
Please give a resume of your personal interests, hobbies, etc. and reason for wishing to pursue this activity		
Enclose any relevant documents or letters to support your application. Have you applied, or do you intend applying to any other body for a grant? If so, please give details		
Data Protection By signing this form, the applicant is giving consent for their personal details to be retained for seven years for successful applicants and one year for unsuccessful applicants. This retention is required for audit purposes.		
Signed	Date	

PLEASE RETURN THIS FORM TO THE CLERK, AYLSHAM TOWN COUNCIL, TOWN HALL, AYLSHAM, NORWICH NR11 6EL. E-mail townclerk@aylsham-tc.gov.uk