

**PLEASE NOTE ONLY RECENT LETTERS OF SUPPORT AND/OR QUOTATIONS WILL BE CONSIDERED.**  
**FOR SPEED PLEASE EMAIL THIS FORM AND SUPPORTING DOCUMENTS TO THE CHARITY.**

FULL NAME OF APPLICANT:	
CURRENT ADDRESS:	
DATE OF BIRTH:	
TELEPHONE NUMBER:	
NATIONALITY:	
IF NOT ITALIAN, WHERE IS ITALIAN HERITAGE?	
WHAT WILL THE GRANT BE USED FOR? PLEASE BE AS SPECIFIC AS POSSIBLE (Please use additional paper if necessary).	
Have you enclosed supporting documents from your GP/Specialist including diagnosis and treatment plan where relevant? Applications are not normally considered without these. Y/N	
Do you consent for the IMC to contact your medical professional regarding our application? If yes, please supply name and telephone number.	
TOTAL AMOUNT APPLYING FOR? PLEASE BE SPECIFIC	£
DO YOU PAY TAX IN THE UK?	
DO YOU PAY TAX OUTSIDE THE UK?	
<b>Patient's Signature if 13 years of age and over:</b>	
<b>Patient's Parent's Signature if under 13 years of age:</b>	