

| | | | |
|---------------------------------------|----------------------|-------------------------|-------------------|
| Full name of Organisation | | | |
| Contact person | | | |
| Contact Address | | | |
| Post Code | | Telephone number | |
| Email | | | |
| Number of members | Aged Under 11 | Aged 11-17 | Aged 18-24 |
| Charity number (if applicable) | | | |
| Function of the organisation | | | |

[illegible]

Bank details for where to pay the grant (write numbers very clearly)

| | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|
| Bank | | | | | | | | |
| Full name on bank account | | | | | | | | |
| Sort Code | | | | | | | | |
| Account number | | | | | | | | |

V3.1/2024

Declaration

- I certify the above information to be correct and I confirm that the Foundation may hold and process my personal information for statutory purposes and corresponding with me. *(You can find more about how we use your data from our Data Privacy Notice which is available at www.rands.org.uk)*
- I have the right to request modification on the information that Rand's keep on record.
- I have the right to withdraw my consent and request that I am removed from your database.

Signed: _____ **Date:** _____

Electronic signature is acceptable

Print Name: _____

Position held in organisation _____

Please send the completed signed form and evidence

1. Using the Email Button at the top of this form
- Or 2. As a PDF to randsclerk@gmail.com
- Or 3. As a printed version to Katrina McKnight, Clerk to Rand's Education Foundation at the postal address above