**Application Form**

|  |  |
| --- | --- |
| **Name of Air Ambulance charity (“the charity”):** |  |
| **Date of Application:** |  |
| **Area:** |  |
| **Please provide a summary of why you are making an application for funds and what the funds will be utilised for (no more than 1000 words):** | |
| **Please provide at least 3 areas of outcome and/or impact – you may provide more if you wish too:** | |
| **How will you report the outcome and/or impacts (no more than 500 words):** | |
| **I confirm that if the application is successful the charity consents to AAUK publishing information about the application including outcomes/impact**    **Print Name:**    **Sign:**    **Title:**    **Date:** | |