POTTON CONSOLIDATED CHARITY

Registered no. 201073

HIGHER EDUCATION GRANTS

Name of applicant: Potton address to which grants will be sent:	
*Home telephone number	*E mail address:
Date of birth:	
University/College:	
Period of study: From e.g. Oct 2022 - July 2025	То
Studying for: Please show expected qualification and in which s	subject/s
Potton Consolidated Charity's Privacy Policy	
given proactively by the individual making the ap- information is held solely for the purpose of govern (e) the Trustees and the clerk jointly hold respons respect of personal data held will be dealt with pre time expired documents, {g} individuals have a ris	respect of grant applications, (b) An agreement to this in pplication (c) Data is not shared with any other party. (d) nance and accounting. After six years the data is destroyed with the compliance of this policy, (f) Any enquiry in comptly by the clerk to the Charity who will also destroy all ght to complain to the Information Commissioner's Office the way in which the Charity has handled their data.
Acknowledgement of reading and accepting this p by the applicant or if the applicant is under 18 years.	privacy policy must be confirmed by this form being signed ars of age by the applicant's parent or guardian
Signed:	Applicant / Parent / Guardian (Please delete)
Certificate to be completed by university/colleg University/College Stamp or if not available ac I confirm that the applicant is attending full/pa	companied by its letterhead.
Signed:De	esignation:Date:

Please return the form for consideration of grants by 31st October 2023 to Mr. D.J. Howard, Clerk to Potton Consolidated Charity, 69 Stotfold Road, Arlesey, Beds, SG15 6XR