



Ileostomy & Internal Pouch  
Association  
Registered Charity

# APPLICATION FOR GRANT

Applications are welcomed from members of IA who are unable to attend an IA event due to financial hardship. Please refer to the guidance notes before selecting which grant you are applying for to avoid your application being delayed or rejected.

## Grant Details (please complete in BLOCK capitals)

Please tick which grant you are applying for:

Young IA Bursary

The Victoria Wills IA Pouch Bursary

Please write the name and date of the event your application relates to:

## Personal Details (please complete in BLOCK capitals)

Name:

IA Group:

Address:

How long have you been a member of IA:

I am:  Employed  Retired  
 Seeking employment  Homemaker/Carer  
 Unable to work due to ill health

Phone:

Surgery\*:  Ileostomy  Internal Pouch  
 Kock Pouch

Email:

\* Please tick to consent to IA processing the health-related information you have provided on this application and any future information you may be asked to provide in support this application.

You can withdraw consent at any time by contacting IA (details overleaf) however this may affect the outcome of your application in line with the terms and conditions of the grant.

For more details about how IA uses your personal information please visit [www.iasupport.org/privacy](http://www.iasupport.org/privacy).

# Supporting Information (please complete in BLOCK capitals)

How would attending this event help you?

Are you involved with IA on a local or national level?

Yes

No

If 'Yes', please provide further information

Please provide any further information that may support your application?

The information I have provided in this application is true to the best of my knowledge. If my circumstances change which may affect my eligibility to apply I will contact IA at the earliest opportunity. I understand that there may be other costs which I shall have to meet from my own resources.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Supported by:

Date:

Position within IA:

I support this because:



Ileostomy & Internal Pouch  
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**Please return your completed application to:**

**IA National Office, Danehurst Court, 35-37 West Street,  
Rochford, Essex, SS4 1BE**

**0800 0184 724 | [info@iasupport.org](mailto:info@iasupport.org)**