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Supporting People with Usher Syndrome

"Our Applewatch Project"



Application Form - Applewatch
All sections should be completed
Section 1 - Your details
Name: Address:
Telephone home/mobile: Advise if text only
Email Address:
Section 2 - About You
Date of Birth:
(If under 18 a parent or quardian must sign the agreement)

You must have Usher Syndrome to apply, please provide evidence of this also level of deafness and visual impairment.				
Occupation:				
Employer/ University/College/School:				
Address:				
Section 3 - Your Finances				
Earned Income (annual):				
Benefits Income (annual):				
Any other information to support your application.				

Please send completed form together with a copy of personal identification to Queen Anne House, 25-27 Broadway, Maidenhead, Berkshire SL6 1LY.

Application

Please sign the application below. If you sign on behalf of somebody under 18 please note that you are accepting responsibility for the terms and conditions on their behalf.

I certify that the information provided in this application is correct and that the Applewatch funded by the Molly Watt Trust will be for my personal use only.

The applicant agrees to provide 3 short blogs about their personal experiences with Applewatch that may be posted on the MWT website.

Signature			
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Date

Identification required

- 1. Photocopy of recent utility bill showing address and family name.
- 2. Photocopy of photo ID for example passport for age verification

All provided information remains confidential.

Terms and Conditions

The decision of the Molly Watt Trust to accept or decline this application is final.

The provision of equipment is on a good faith basis and on the understanding that it will be used to enhance the quality of life for somebody with Usher Syndrome.

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Supporting People with Usher Syndrome Admin@molly-watt-trust.org