Please delete this text and type the **Lead Organisation’s** name and address into this box

All organisations named in the application form are required to sign this partnership form. By signing it, they are agreeing to be named in the application form. The lead group/organisation should also add their details to this form.

|  |
| --- |
| **Lead (applying) group/organisation**  |
| Name of group/organisation |  |
| Address of group/organisation |  |
| Purpose within the partnership | Lead |
| Name of key contact |  |
| Position of key contact |  |
| Name of a director/trustee |  |
| Signature of a director/trustee |  |

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| **Partnership group/organisation 2** |
| Name of group/organisation |  |
| Address of group/organisation |  |
| Purpose within the partnership | Choose an item. |
| Name of key contact |  |
| Position of key contact |  |
| Name of a director/trustee |  |
| Signature of a director/trustee |  |

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| --- |
| **Partnership group/organisation 3** |
| Name of group/organisation |  |
| Address of group/organisation |  |
| Purpose within the partnership | Choose an item. |
| Name of key contact |  |
| Position of key contact |  |
| Name of a director/trustee |  |
| Signature of a director/trustee |  |

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| **Partnership group/organisation 4** |
| Name of group/organisation |  |
| Address of group/organisation |  |
| Purpose within the partnership | Choose an item. |
| Name of key contact |  |
| Position of key contact |  |
| Name of a director/trustee |  |
| Signature of a director/trustee |  |