

Hospice Application Form



Hospice details	
Name and address of hospice:	
Charity registration number: Company registration number:	
Key contact details including telephone number and email address: (CEO/Head of Care/Fundraising/Grounds maintenance)	CEO: Head of Hospice Care: Fundraising: Grounds Maintenance:
Is the hospice a member of Together for Short Lives or another organisation?	
When was the hospice founded, by whom and why? When did it officially open? What were its aims?	
How is the hospice funded? Please provide: Financial year end date. Annual Income and expenditure. Reserves balance.	
What facilities/number of bedrooms/day care/specialist care is provided by the hospice? How many families currently use it?	
What age range of children/young people does the hospice care for?	

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Understanding your needs for the garden

Summary of garden request with timings:	
Describe the size, location and nature of the garden space you would like to develop? Does the garden sit within other garden areas that have been developed?	
How many children and families will use the garden once completed? How many families can potentially be supported?	
How will the garden be maintained? Do you have a regular volunteer group, if so what are their skills and how often do they attend?	
How will you involve the wider community the garden?	

Existing site details

Current condition of the site: a blank canvas or an existing garden renovation – are there areas to be kept? Please provides photos.	
Planning – is the site on greenbelt? Do you foresee that planning permission will be needed? Have you had any previous planning applications?	
Do you have a site plan? (please enclose with this application)	
Garden space size: (approx width/length/levels)	

Planning, fundraising and timings

Have any funds already been raised by the hospice towards the cost of the garden? Would you be able to work with Greenfingers to raise funds for the gardens (statuary grants, funded volunteering or voluntary income)?	
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How will you involve the beneficiaries of the garden in its design and planning?	
How did you hear about Greenfingers Charity? Have you previously received support from Greenfingers Charity? If so to what level/cost?	
Is there any other relevant information you would like to share at this stage?	
Please sign and date: Print Name & and state position at the Hospice:	

Thank you very much for registering your interest with Greenfingers Charity.