Toyota Manufacturing UK Charitable Trust

MEMBER GRANT PRE-AUTHORISATION FORM

Well done for stepping up and giving your time and energy to help make a positive impact where it matters most. We are keen to support, so please complete & return this form so we can quickly confirm your eligibility.

PLEASE STATE THE CHARITY/ORGANISATION FOR WHOM FUNDS ARE BEING REQUESTED:

.....

PLEASE TICK THE BOXES BELOW WHICH ARE APPLICABLE:

- ☐ I have been a permanent TMUK, TME Derby Office or Proman Member for 12 months or more.
- ☐ My role of ..... is recognised by the above charity/organisation & is not a general fundraising or parent support role.

  If your role involves children, please confirm the date of your last DBS check ..... and your DBS Certificate No: E __ __ __ __ __ __ __ __ __ __ __.
- ☐ The charity/organisation is local to where I live.
- ☐ Funds are not being requested for activities to promote a political party/single religion/view.
- ☐ The charity/organisation has been established for more than 12 months.
- ☐ The charity/organisation <u>is not</u> seeking funds to redistribute to another charity/organisation.
- ☐ The charity/organisation <u>is not</u> a mainstream education establishment (state or private).
- ☐ The charity/organisation <u>has not</u> received funding from the Trust in 2024 + 2025 (2yrs in succession).
- ☐ Any authorised funding will remain in the UK (the Trust <u>does not</u> fund overseas activities/ beneficiaries).
- ☐ The charity/organisation will acknowledge and recognise the involvement of the Trust.
- ☐ The charity/organisation is happy to provide images to be used in PR material.

IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THE TERMS OF ELIGIBILITY, AS STATED ABOVE.

I confirm the above information is correct: ..... (Member to Sign) **Date:** .....

Member Name:	Member No:
Group Code:	Ext No:
Please circle as appropriate TMUK TME Derby Office Proman	
Member Email Address:	Supervisor/ Group Leader Name:

ER USE ONLY

Authorised – Date Application Form Sent: ***Declined*** – Date Member Informed:

BEFORE RETURNING THIS FORM TO EXTERNAL RELATIONS, PLEASE ENSURE ALL FIELDS HAVE BEEN FULLY COMPLETED. SHOULD YOU HAVE ANY QUERIES, PLEASE CONTACT: JULIE LANGLEY ON EXT 3611

ROUTING: INITIATOR → JULIE LANGLEY, BS&ER → FEEDBACK TO MEMBER