

Shekinah Trust Applicant Supporter Form

To be completed by Supporter

Strictly Confidential We would be grateful if you would complete this form and return it to the Secretary at the address below. Should you require more space for any of the questions please continue on a separate piece of paper and attach it to the back of this form. Thank you.

Name of Applicant for funding for EAP.....

Name of Supporter.....

Address.....

.....

.....Post Code.....

Day time and Evening Tel. Numbers (in case of query).....

Occupation of Supporter.....

Relationship to Applicant ie: Teacher, Minister, GP,etc.....

How long have you known the Applicant?.....

Would you be happy to recommend the Applicant for funding for EAP?
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Do you feel that the Applicant is in a position to commit himself/herself to a course of Equine Assisted Psychotherapy at this time?
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Please tell us briefly how you feel the Applicant might benefit from EAP
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Any other observations you feel are relevant to this application.

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May we discuss the contents of your reference with the applicant? YES/NO

Signed.....Date.....

Thank you for taking time to complete this form.

Please return to:

The Secretary

The Shekinah Trust

1, Lowther Avenue

Morecambe

LA3 3AH

Tel: 01524 415760

E-mail: nandp.joslin@googlemail.com