

DAVID NIX WORLD TRANSPLANT GAMES BURSARY APPLICATION FORM

Full name:
Address:
Telephone number (s):
E-mail address:
Date of birth:
Date of transplant:
Brief details of transplant:
Which team do you compete with in the British Transplant Games?:
How many previous Games have you competed in? National
At which sports(s) have you been selected to represent Team GB in the World Transplant Games?:

Donor Family Network PO Box 127 Bexley DA 59DT

Reg. charity No. 1098781

Tel:

E-mail: info@donorfamilynetwork.co.uk Website: www.donorfamilynetwork.co.uk

0845 680 1954



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	our reasons for y		

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(Continue on separate sheet if necessary)
Cianad (h., Applia ant)
Signed (by Applicant)
Date:

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Applications from athletes under the age of 18 years at the date of commencement of the World Transplant Games

If the Applicant named above is under 18 years of age, we will require the following details of the parent / guardian:

Full name:
Address (if different from above):
Tel. Number (s) (if different from above):
E-mail address (if different from above):
Signature of Parent / Guardian:
General Data Protection Regulations (GDPR)
We will hold applicants details only for the application of a bursary.

Applicant's details will not be provided to any other party.

Please return your completed application form to the Donor Family Network via email or post to the address below. The closing date for applications is 31^{st} March in the year of the World Transplant Games.

You will be informed of the outcome of your bursary application by 31^{st} May in the year of the Games.

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