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| Safe Spaces Small Grants Programme Reference Form for Applicant Groups Please ask your referees complete the below form and return it to you so you can attach this to your application | | |
| **Name:** | |  |
| **Job Title:** | |  |
| **Telephone and Email:** | |  |
| **How is this group known to you:** | |  |
| **Why do you want to support this proposed activity or group?** | |  |
| Declaration | | |
| I declare that to the best of my knowledge, the information provided in this application is truthful and correct. | | |
| **Signature:** |  | |
| **Name:** |  | |
| **Job Title/relationship to Applicant group:** |  | |
| **Date:** |  | |
| **Telephone number:** |  | |