

**LONDON BOROUGH OF HARROW
APPLICATION TO HOLD A STREET COLLECTION IN 2008**

PART 1 - ORGANISATIONAL DETAILS

Name of Organisation	HARROW MS THERAPY CENTRE		
Name of main contact	Title	First Name	Surname
	MRS	LYNN	HURST
	CENTRE MANAGER		
Post held in organisation			
Correspondence address	The M.S. Therapy Centre Harrow School Farm Watford Road Harrow HA1 3TS		
Phone number day	0208 423 6268		
Phone number evening	0208 421 2381		

Which of the following best describes your organisation?

Voluntary organisation
Registered charity - please
give charity number:
(this may be checked)

<input type="checkbox"/>
299525

A company limited by guarantee
A club or association
A consortium
Other (please state)

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please describe your organisation's aims and objectives

To provide treatment, advice, guidance, moral & practical support for persons suffering from Multiple Sclerosis
To provide support and information for carers, families & friends & to bring together people with MS and people interested in M.S.

Which districts in the London Borough of Harrow does your organisation serve?

ALL

PART 2 - DETAILS OF STREET COLLECTION TO BE HELD

To which purpose do you intend to apply the money collected on this occasion?

All monies collected go to the running costs of this MS Centre.

How many collectors do you intend to use on this occasion?

30 +

In which areas of the Borough will they be collecting?

Central Harrow, Pinner possibly Stanmore

Do you intend to hold any other collections in the Borough in 2008?

YES
NO

If so, please state where and when:

PART 3 - DETAILS OF PREVIOUS STREET COLLECTIONS

When did your organisation last hold a street collection?

28/8/2007

How much was collected on that day?

£1518 - 18p

How many collectors were used on that occasion?

27

To which purpose was the money collected on that occasion applied?

All monies collected went to the running costs of this MS Centre.

PART 4 - OTHER INFORMATION

Do you receive income from any other street collections? (National or London-wide)

YES
NO

✓

If yes, please give details:

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Have you discussed street collections with any other Council officers?

YES
NO

✓

If yes, please state their name and department:

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The Council is only authorised to sponsor eight applications in 2008 during the following periods:

23-29 February
24-29 March
23-27 June

4-30 August
1-6 Sept
25-31 October

Please state your preferred collection date within one of these periods:
(This must be at least 2 months from the date you submit this application)

Sat 6 September '08

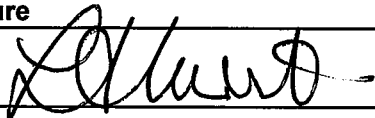
Please note that, if your application is successful, every effort will be made to allocate your preferred collection date. However, if this date is not available, you will be offered another date within one of the above periods.

UNDERTAKING

I declare that, to the best of my knowledge, this form has been completed correctly.

Name

Signature

LYNN HURST	
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Position held

Date

CENTRE MANAGER	28/2/08
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Please return this form to: Charlotte Clark, Grants Unit Room 227), Community Development, P.O. Box 57, Harrow, Middlesex. HA1 2XF.