**Breaking Down Barriers**

**Expression of Interest Form**

**Please read the attached Information Sheet before completing this form.**

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| **General Information** | |
| Name of organisation |  |
| Name of contact person |  |
| Address |  |
| Telephone number |  |
| Email |  |
| Website |  |
| Social media links |  |
| Registered charity number (if applicable) |  |
| Are you a Regional, National, European or International Organisation? |  |
| How many members of staff and/or volunteers do you have? |  |
| What is your annual income? |  |
| Please provide a brief description of the services you provide |  |
| **Specific Information (if applicable)** | |
| Name of the genetic condition(s) you represent |  |
| Type of genetic condition (e.g. recessive, dominant, X-linked etc) |  |
| What is the prevalence of the condition(s)? |  |
| How many members do you have? |  |
| Please provide a brief description of the condition(s) |  |
| **Expression of Interest**  Please tell us about your interest in Breaking Down Barriers. For example, do you already have a project or an area for development in mind, in line with the aims of Breaking Down Barriers? | |

**Closing date for all applications: 15th February 2019**

Please send your completed form to [Kerry.leeson@alstrom.org.uk](mailto:Kerry.leeson@alstrom.org.uk) or if you need any further information please call Kerry on 01709 210151 / 07716135940

Thank you for your interest in Breaking Down Barriers