

APPLICATION FORM FOR TRAINING /STUDY GRANT

Applicant's Details

Name	
Address	
Tel No.	
Email	
Job Title	
Workplace Address	
Employer's Name	

Please describe briefly your job role and objectives

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Details of Training/Study Course

Title	
Dates	
Venue	
Provider	
Cost	
Additional Expenses Eg travel costs	

Please describe how the proposed training/study will enhance your practice and benefit your patient/client group

How will you evaluate the outcomes of the training/study?

Please include a statement from your manager to support this application and to confirm that the proposed study is in line with current/planned service delivery (continue overleaf if necessary)

What contribution is your employer making to the cost of the course?

Have you applied to other sources of funding for help with the costs of the training/study?

Signature of Applicant.....Date.....

Notes

1. Funding from GCNF will be made directly to the course provider
2. Applicants are requested to provide a written evaluation of the course and its outcomes within 6 months of completion date in order to assist GCNF with its decision-making when considering future grant applications

The completed application form, together with any supporting paperwork, should be sent to:

Gloucestershire Community Nurses Fund,
c/o Mrs J. Smith, 10 Fishers Way, Stroud GL5 3PW