# NIHCA Grant Application Form

**Please carefully read the accompanying information sheet & complete all questions below.**

1. NIHCA annual membership paid for present year on: ................................................
2. NIHCA training attended in previous two years: .........................................................................

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1. Proposed training for which a grant is being requested and training provider: ………………......

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1. Please outline how you believe this training will benefit you personally and/or your chaplaincy role: ......…………………………………………………………………………………........................ …………………………………………………………………………………………………………......

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1. Venue and dates of proposed training: ........................................................................................ ...........…………………………………………………………………………..…………………….......
2. Total cost of training: ……………………………………………………………………………….......

**7.** What other funders have you approached and which are supporting you? ................................

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**8.** Amount of NIHCA grant requested & what will this cover: …………………………………..........

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**9.** Have you previously requested a grant from NIHCA? YES/NO

If “YES” please give date and amount …………………………………......................................

Name of applicant:

.........................................................................

Signature of applicant:

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Chaplaincy Department:

.........................................................................

Address: .........................................................

.........................................................................

.........................................................................

Tel: …………………………………………........

Name of Line-Manager:

………………………………………………........

Signature of Line-Manager:

………………………………………………........

Position of Line-Manager:

………………………………………………........

Hospital Trust/employer:

……………………………………………...........

Date: ...............................................................

E-mail: ………………………………………………...................................................

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**(For Office use only)**

**Grant approved: YES/NO**  **Amount approved:**

## If “NO” reason for rejection..............................................................................................................

**Signed:**

**Date:**