

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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.....
- 3. Proposed training for which a grant is being requested and training provider:
- 4. Please outline how you believe this training will benefit you personally and/or your chaplaincy role:
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.....
- 5. Venue and dates of proposed training:
- 6. Total cost of training:
- 7. What other funders have you approached and which are supporting you?
- 8. Amount of NIHCA grant requested & what will this cover:
- 9. Have you previously requested a grant from NIHCA? YES/NO
If "YES" please give date and amount

Name of applicant:	Name of Line-Manager:
Signature of applicant:	Signature of Line-Manager:
Chaplaincy Department:	Position of Line-Manager:
Address:	Hospital Trust/employer:
Tel:	Date:
E-mail:	

(For Office use only)

Grant approved: YES/NO **Amount approved:**
If "NO" reason for rejection.....

Signed: **Date:**