

**NIHCA Criteria for training grants**

The NIHCA Executive Council strongly encourages all Chaplains to be aware of and use the many different opportunities for Chaplaincy training.

* The Director of Training or the Secretary of the NIHCA Executive Council can provide relevant contacts within the various academic/training organisations if requested. A number of helpful websites are listed on the NIHCA website.
* Training provided directly by NIHCA (1-day or 2-day; in-person and online) is available free to members. Annual membership fees must be paid prior to attendance.
* Limited funding may be available to NIHCA members to undertake training offered by other organizations, including CPE and Post Grad certificates or higher, particularly where this will facilitate registration with UKBHC. **N.B.** CPE is no longer facilitated directly by NIHCA.
* The NIHCA is a training partner with the Cambridge Theological Federation (CTF), which offers a Chaplaincy and Pastoral Care post-graduate degree that is validated by Anglia Ruskin University (ARU). The degree is offered at three levels: The Postgraduate Certificate (PG Cert), a Postgraduate Diploma (PG Dip) and full masters (MA).

The main purpose of this partnership is to work together to provide the education and training that is required for chaplains working in Northern Ireland to register as members of the UK Board of Healthcare Chaplaincy (UKBHC); and that offers further professional development

The following guidelines should clarify the main criteria to access funding from the NIHCA:

1. The NIHCA Executive Council will set a maximum limit each year for the total budget permitted to be spent on non-NIHCA training
2. Minimum individual grant given is £150; maximum grant is £4000.00 for academic courses (or 2 units of CPE)
3. Prior to undertaking any training for which a grant may be requested a written application must be with the Director of Training as early as possible, and normally no later than one month before start of training (see NIHCA Grant application form opposite)
4. If a course is not completed, a proportion of the grant may have to be returned to NIHCA
5. Funding for non-NIHCA courses will normally only cover training costs. The applicant is expected to cover other costs, e.g. travel & accommodation
6. Funding will normally be given on a first-come, first served basis; otherwise the Executive will decide on the basis of priority
7. Members will not be eligible to apply for grants until their second year of membership.
8. An applicant may normally only apply for a grant once in three years
9. Only two chaplains from the same Chaplaincy unit shall normally be permitted to apply for funding for the same course
10. Grants will not be given retrospectively for training
11. Training which involves significant time away from normal chaplaincy role should only be undertaken with the knowledge and approval of the appropriate authorities
12. Chaplains who have received such training should be willing to share their experience with other chaplains if requested
13. It may be possible to access funding from your own Hospital Trust or employer. You should explore this option with your Line-Manager first
14. Written confirmation must be given to acknowledge receipt of a grant
15. Priority will be given to NIHCA members who – **(a)** have been an NIHCA member for 1 year **(b)** are actively involved as chaplains (whether paid or honorary) & **(c)** have attended two or more NIHCA training events in the previous two years.
16. Return applications to the Director of Training at: [trainingdirector@nihca.co.uk](mailto:trainingdirector@nihca.co.uk)

# 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: .........................................................................

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

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

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

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

…………………………………………………………......................................................................

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

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

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

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

Signature of applicant:

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

Chaplaincy Department:

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

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

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

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

Tel: …………………………………………........

Name of Line-Manager:

………………………………………………........

Signature of Line-Manager:

………………………………………………........

Position of Line-Manager:

………………………………………………........

Hospital Trust/employer:

……………………………………………...........

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

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

------------------------------------------------------------------------------------------------------------------

**(For Office use only)**

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

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

**Signed:**

**Date:**