**CRSWS Education & Conference Grant Application**

1. **About you....**

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| **Contact details** |
| Title: | First name: |
| Last name: |
| Department: |
| Staff number: |
| Line manager’s name: |
| Line manager’s contact telephone number: |
| Your email address: |
| Work address: |
|  |
| Post code: |

1. **Outline of proposal:**

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| Title:Venue:Purpose [course / conference / other]:Cost applied for:Percentage to be met by CRSWS: |

1. **Supporting details:**

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| Please give as much information as possible about your request and a detailed breakdown of cost, i.e. travel, accommodation, conference fees:(You may attach any relevant information (i.e. application forms, brochures, leaflets, conference agendas) |

1. **Publicity**

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| How do you propose to recognise the support of CRSWS for your grant, e.g. mention in newsletter, programme, press release, etc.? Please give details. |

1. **Declaration**

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| * I declare that this application has been made in good faith and that, if successful, the funds will only be used for the purposes stated above.
* I agree to make invoices/receipts available to CRSWS on completion of the education course / conference on request.
* As the applicant I also agree to co-operate with CRSWS if asked for feedback on the success of the education course / conference and the uses to which CRSWS funds have been put.
* I agree to return all funds if it is no longer possible to proceed with the bursary as detailed in this application.

**Signed: Date:****Print name:** |

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| **Line manager’s signature: Date:****Print name:** |

Please return this completed Grant Application in an envelope marked ‘PRIVATE’ to:

**The Trustees, Cardiac Rehab Support West Sussex, C/o 27 The Avenue, Shoreham-by-Sea, West Sussex BN43 5GJ**

Alternatively a scanned completed copy of this application can be sent to CRSWS, at: **info@cardiacrehabsupport.org.uk**