**CRSWS Education & Conference Grant Application**

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

|  |  |
| --- | --- |
| **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:**

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

1. **Supporting details:**

|  |
| --- |
| 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**

|  |
| --- |
| 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**

|  |
| --- |
| * 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:** |

|  |
| --- |
| **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 31 Bushby Avenue, Rustington, Littlehampton, West Sussex BN16 2BX**

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