Grants Application Form

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| I am applying for:Give details of how the grant will be used  |  |
| Date From: |  |
| Date To: |  |
| Cost Breakdown |  |
| Total cost: | £ |
| Are you seeking Funding from any other source? | Yes / No If Yes, Please give details and outcomes (if known): |
| Have you previously received a BACCN award? If so when and what was it used for? |  |

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| **Your Current Post** |  |
| Job Title: |  |
| Start Date (Month & Year): |  |
| Name and Address of Employer |  |
| Brief Description of Current Responsibilities |  |

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| **Post Registration Qualifications** |  |
| Title of Course:  |  |
| From date: |  |
| To Date: |  |
| Name and Address of Institution where course was Studied: |  |
| Result: |  |

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| Biographical Details |  |
| BACCN Membership Number: |  |
| Date joined BACCN  |  |
| Title: |  |
| First Name: |  |
| Surname |  |
| Your Address: |  |
| Telephone Number: |  |
| Email: |  |

What is your ethnic group? Please circle one appropriate box

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White  | English, Scottish, Welsh, Northern Irish or British  | Irish | Gypsy or Irish Traveller | Roma | Any other white backgroundPlease write here  |
| Mixed or Multiple ethnic group  | White & Black Caribbean | White & Black African  | White & Asian | Any other mixed or multiple backgroundPlease write here |
| Asian or Asian British  | Indian | Pakistani | Bangladeshi  | Chinese  | Any other Asian backgroundPlease write here  |
| Black, Black British, Caribbean, or African  | Caribbean | African backgroundPlease write here  | Any other Black, Black British, Caribbean, or AfricanPlease write here   |
| Other ethnic group  | Arab  | Any other ethnic group Please write here  |

Based on 2021 Census

 **Details of your grant request**

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| This should be no more than 500 words, double-spaced and without your name on as applications undergo an anonymous review process. You should aim to demonstrate how you will use the requested funds to:* Have a positive impact on clinical practice
* Improve the patient experience
* Contribute to personal and professional development
* Advance the art and science of critical care nursing

*Applicants who do not complete within the deadline or who do not meet the requirements of the award will not be eligible for funding, except in special circumstances, previously agreed by the Chair of the BACCN or a delegated National board member.**In exceptional circumstances partial payment of grant may be possible and applicants will have to ensure that this is explicitly requested in their application* |

Please email the completed application to support@baccn.org

**Applications cannot be accepted for degree courses, postgraduate studies or salaries. Please note that you may only apply to one BACCN funding stream per year.**

**Please refer to terms & conditions in the Grants section of the site.\***