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: |  |

 **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

*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.\***