



Cardiac Rehab Support West Sussex

supporting cardiac patients and their carers in the West Sussex area

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:	

2. Outline of proposal:

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

3. 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)

4. 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.

5. 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 Peter Hawkes, 4 Highdown Drive, Littlehampton, West Sussex BN17 6HJ

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