

QARANC ASSOCIATION GRANT APPLICATION FORM



Reference: <http://handbook.britisharmynurses.com/grants/>

Thank you for applying for a grant from the QARANC Association. Please note that applications must be fully completed and submitted to this office no later than 8 weeks before the event or start date of the activity you are planning in order to be considered by the Board of Trustees. Failure to do so may jeopardise funding. Applications must be fully supported and signed by a minimum of an OF3 or by the Chair of the Association Branch. *(Your Name with the annotation "Certified Original Signed – Lt Bloggs" is acceptable)*

Please submit the completed application form to: Administration Manager, QARANC Association, RHQ QARANC, HQ AMS, Slim Road, CAMBERLEY, Surrey, GU15 4NP or email manager@qarancassociation.org.uk

Section One: About the Event/Activity

Title of Event or Activity			
Date(s) of Event or Activity			
QARANC Personnel attending	Regular:	Reserve:	Retired:
Please note: Nominal Rolls of participants must be attached and must be checked for membership of the Association			

<p>Please provide a brief summary about the event or activity for which you would like funding. Please refer to http://handbook.britisharmynurses.com/grants/ for detail relating to specific grants including for Adventurous Training. You may also find it helpful to refer to the QARANC Handbook to ensure that it meets the objectives of the Association. (http://handbook.britisharmynurses.com/introduction/).</p>

Section Two: Financial Information

Please ensure this section is completed in full – if not, your application may be delayed as more information may be required to enable the Trustees to make a decision.

What is the total cost of the event or activity you are planning?	£
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How much are you requesting from the QARANC Association per person?	£
What will this money be used for?	

Other funds applied for or agreed	Per Person	Total	Organisation
Personal contribution from those taking part			
Other funds applied for (please add in lines as appropriate):			

Any further information you would like the Trustees to know in order to consider your application:
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Section Three: Applicant Details

Event Organiser		Email Address	
Unit Address			
Unit/Branch bank details	Account Name: Sort Code: Account Number:		
Contact Number			

Section Four: Declaration

I confirm that the attached Nominal Roll is accurate and a true reflection of those participating, and that those listed are signed up to the Payroll Giving Scheme or have annual membership of the QA Association. I understand that any change in personnel must be notified to the Administration Manager prior to the event taking place.

I confirm that Association funding will, in so far as is practicable, only benefit Association members.

I confirm that in accordance with the QARANC Association grant process an individual will be nominated to liaise with the Association Office Manager to provide information and photos for social media and/or an article for The Gazette.

Organising Officer Name		Signature	
Appointment		Date	

Authorisation (The Organising Officer cannot self-certify this application).

I approve this event and confirm that it fulfils the criteria laid down in accordance with the QARANC Association Grant Scheme.

Authorising Officer/Branch Chair Name		Signature	
Appointment		Date	

Checklist (please complete before submission):

Nominal role attached and has been checked for Association membership.

Unit or Branch Bank Details have been included (monies will only be paid into unit or branch accounts).

Authorising Officer has signed and supporting evidence attached for electronic signature.

Office Checklist (carried out by HQ QARANC Association):

Nominal role attached and has been checked for Association membership

Board Date or OoC Decision Date

Board Outcome/Decisions

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Date payment made

Article for The Gazette