


APPLICATION FORM FOR A QARANC ASSOCIATION GRANT

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

Event Organiser <i>(Rank and Surname)</i>				
Unit Address <i>(Include Post Code/BFPO No)</i>				
Email Address				
Contact Number		Date		

Applications must be fully completed and submitted to this office no later than 8 weeks before the event start date 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.

(Your Name with the notation "Certified Original Signed – Lt Bloggs" is acceptable)

Return application to: **Regimental Secretary**, QARANC Association, RHQ QARANC, HQ AMS, Slim Road, CAMBERLEY, Surrey, GU15 4NP or email gensec@qarancassociation.org.uk

Title of Event			
Grant Requested (£)			
Bank details	Account name: Sort Code: Account number:		
QARANC Personnel Attending	Offr:	SNCO:	JNCO: OR: Retired:
Start Date		Finish Date	

Brief Outline / Aim of Event:

How does this meet the objectives of the QA Association:

<http://handbook.britisharmynurses.com/introduction/>

Ser	Service Number	Rank	Name	QA Association Use Only
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Ser	Service Number	Rank	Name	QA Association Use Only
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Financial Composition

(Incomplete financial details will result in the application being rejected and returned to sender)

Projected Income (£)			
Public Funds	£	Personal Contributions	£
Unit Funds	£	Other	£
FM HQ	£	Other	£
Potential QARANC Grant	£	Total Income	£

Projected Expenditure (£)			
Accommodation ONLY	£	Other	£
Food & Beverages	£	Other	£
Travel	£	Other	£
Entry Fees	£	Total Expenditure	£

Other Financial Information

Other Financial Information

Activity/Event Declaration

- ✚ I confirm that the attached Nominal Roll is accurate and a true reflection of those participating, and all members of the Payroll Giving Scheme. I understand that any change in personnel must be notified to the Regimental Secretary prior to the event taking place.
- ✚ I confirm that Association funding will, in so far as is practicable, only benefit Association members.
- ✚ I can confirm that in accordance with the QARANC Association grant process, an article for the QARANC Gazette will be submitted no later than 6 weeks after the event.
- ✚ I can confirm that a detailed copy of the Event Administrative Order has been attached.

Organising Officer

Date		Signature <i>(Must Be Signed)</i>		Print: Appointment
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Officer Commanding (The organising officer cannot self-certify this application)

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

Date		Signature <i>(Must Be Signed)</i>		Print: Appointment
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Note: Applications submitted electronically must state: "**Certified Original Signed – Relevant Name**" in the signature boxes above.