


**APPLICATION FORM  
BRANCH QARANC ASSOCIATION GRANT**

Applicant Name				
Branch Name				
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.**

Return application to: **Office Manager**, QARANC Association, RHQ QARANC, HQ AMS, Slim Road, CAMBERLEY, Surrey, GU15 4NP or email [manager@qarancassociation.org.uk](mailto:manager@qarancassociation.org.uk)

Title of Event/Purpose of Grant			
Grant Requested (£)			
Bank details	Account name: Sort Code: Account number:		
QARANC Personnel Attending	Retd:	Reg:	Res:
Event Date/Funding Required By:			

**Brief Outline / Aim of Event:**

**How does this meet the objectives of the QA Association:**

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

## Activity/Event Declaration

- I confirm that the attached Nominal Roll is accurate and a true reflection of those participating, I understand that any change in personnel must be notified to the Office Manager 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.

<b>Organising Member</b>
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<b>Date</b>		<b>Signature</b>		<b>Print:</b>
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*For QARANC Association Use Only*

<b>Date</b>		<b>Signature</b>		<b>Print:</b>
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