


## 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 annotation "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](mailto:gensec@qarancassociation.org.uk)

Title of Event			
Grant Requested (£)			
Bank details	Account name: Sort Code: Account number:		
QARANC Personnel Attending <i>Nominal role of those participating MUST be attached and prechecked for membership of the Association.</i>	Offr: 0 SNCO: 0 JNCO: 0 OR: 0 Retired: 0		
Start Date		Finish Date	

Brief Outline of Event and how it meets the objectives of the QA Association:

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

Supporting evidence:

(eg quotes, costs, outcomes of other grant applications, justification for choice of venue/supplier)

## Financial Composition

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

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

Total Projected Expenditure (£)			
Accommodation ONLY	£	Other	£
Food & Beverages	£	Other	£
Travel	£	Other	£
Entry Fees	£	<b>Total Expenditure</b>	£

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 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 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 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

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.