


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

Title of Event/Purpose of Grant			
Grant Requested (£)			
Bank details	Account name: Sort Code: Account number:		
QA Assoc. members attending	Retd:	Reg:	Res:
Event Date/Funding Required By:			

<p>Brief Outline / Aim of Event:</p> 	
<p>How does this meet the objectives of the QA Association: http://handbook.britisharmynurses.com/introduction/</p> 	

Costs:

Please provide breakdown of costs, quotes and details of personal contribution from members.

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 Member

Date		Signature		Print:
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For QARANC Association Use Only

Date		Signature		Print:
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