**Application form for Clergy CME Grants**

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| Name:  |
| Address:  |
| Phone:   |
| Email:  |
| Parish: |
| Deanery: |
| Date and venue of proposed course: |
| Brief description of proposed course:  |
| Rationale for this course: *eg MDR priority, to meet parish MAP priority, recommended by spiritual director, etc.* |
| Total cost, including travel:  |
| Other contributions to costs:  |
| Date of application:  |
| If you wish us to pay directly into your bank account:Sort code: Account number: Account Name:  |

Please return this form to clergytraining@blackburn.anglican.org