**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](mailto:clergytraining@blackburn.anglican.org)