**The Nightingale Fund Council**



**Established 1860**

Registered Charity Number 205911

**GRANT APPLICATION FORM**

**Please complete after reading the Grant Application Notes found on the website.** If you have any questions about the application form or process please contact the Honorary Secretary by email [**honorary.secretary@thenightingalefund.uk**](mailto:honorary.secretary@thenightingalefund.uk)

Surname Mobile:

First Name(s): Home Telephone:

Address: Work Telephone:

Post Code: Personal Email Address:

National Insurance Number: NMC PIN (if applicable):

**If completing form by hand please also write out PIN number in words:**

Please specify if you have a preference for time of day for the telephone interview:

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Accepted For Course YES / NO  (**Please provide evidence of confirmation via email**)

Course Title:  Course Code (if known):

Place of Study:

Length of Course**:**  Course Start Date:

Full Time:/Part Time /Distance Learning (Please state):

Please state the total course fee and the amount of grant funding you are applying for:

Cost of Course Fees: Grant Sought:

If applying for a grant for a course module please complete:

Module Title: Module Fee: Grant Sought:

Grants Applied For From Other Sources:

Source of Grant(s)**:** Amount Result Date Confirmed

Professional Qualifications - please give initial nurse training institution and any further qualifications obtained:

Qualification Institution Date

Academic Qualifications **-** please give a summary of qualifications obtained through further or higher education:

Qualification Institution Date:

Professional Experience **-** starting with your current post please give details of your last 3 posts

Job Title Employers Name and Address From: To

Referees **Please read Grant Application Notes.**

1st Professional Referee (current line manager or equivalent).

Job Title & Full Name:

Address & Postcode**:**

Email Address:

2nd Professional Referee(Previous line manager or equivalent or course tutor)

Job Title & Full Name:

Address & Postcode:

Email Address:

**PLEASE NOTE THAT IN ORDER FOR YOUR APPLICATION TO BE PROCESSED BOTH REFERENCES MUST BE RECEIVED**

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Please tell us where you heard about The Nightingale Fund **:**

Have you received a previous grant from The Nightingale Fund?

If ‘Yes’ please give date and details of the completed course.

If Successful, would you be willing for any feedback you provide following completion of your course to be published anonymously on our website?

It is recognised that there may be particular instances of hardship. If you feel this applies to you, please include a brief letter with the application form outlining matters you may wish the Council to consider. Your letter will be kept sate and confidential.

**-**

**Please complete this form by submitting your reasons for undertaking the course. Please indicate your personal aims and objectives and demonstrate how you think the course will assist in the development of high-quality patient care. (maximum of 600 words).**

**Thank you for completing this form accurately**

**Once completed please return this form, CV and all references to the Honorary Secretary:** [**honorary.secretary@thenightingalefund.uk**](mailto:honorary.secretary@thenightingalefund.uk)