

**THERAPISTS EDUCATION FUND**

**GRANT APPLICATION FORM**

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| --- | --- |
| Name: | Address:Postcode: |
| Contact no: |
| Email: |
| Job Title: |
| **Explanation of job role** (Please indicate amount of clinical contact with people with MS): |
| **Description of MS service:** |

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| **Full description of course for which funding is requested** (include title, cost, date, venue, content, target audience): |
| **Please specify amount of funding you are seeking** (up to 75% of the cost of any course, with a maximum allocation of £2,000 per applicant, per year): |
| **How do you envisage your attendance on this course will make a difference to people living with MS?** |
| **Describe the potential benefit and learning outcomes of the course and relevance to your overall development plan:** |
| **Details of other funding source(s) that have been approached and evidence of responses:** |
| **If grant application is approved who will provide the balance of funding?** (e.g. self-funding) |
| Signature: | Date: |

**Please include with this application form a copy of your CV and email to:**

hpteam@mstrust.org.uk

Health Professionals Programme Team, MS Trust, Spirella Building,

Bridge Road, Letchworth Garden City, Herts SG6 4ET

**Reg. Charity No. 1088353**