Neuroscience Nurse Education Grant Application Guidelines

This form enables you to apply for an education grant issued by BANN based upon the following criteria:

1. Applicants must be a full member of the BANN Association whose fees are paid up to date.
2. The purpose of this grant is to support BANN nurses to attend the BANN annual autumn conference. The amount awarded to each applicant will be the total cost of the BANN conference, travel and accommodation and this total will not exceed £500.
3. The grant will be paid directly to the awarded applicant(s) following attendance at the conference. Applicants must show proof of attendance eg. registration and certification to receive this grant. Expenses incurred because of travel and accommodation will be paid following the conference on submission of receipts. If cost of the conference and expenses exceed £500, the applicant will incur the shortfall.
4. The BANN Executive Committee will award this education grant to a maximum of five applicants per year. The decision of who is awarded this grant will be made by the committee and their decision is final.
5. The applicant must make acknowledgement of financial support by the BANN in any written or verbal presentation.
6. Grants will not be paid more than once a year to the same individual.
7. This grant is only available to participants who wish to attend the BANN conference only.
8. The closing date for submission for the education grant will be available on the BANN website.

**Neuroscience Nurse Education Grant Application Form**

PLEASE COMPLETE IN TYPESCIPT OR CAPITALS

Full Name……………………………………………………………. Title: ………………… ….

Address for correspondence…………………………………………………………………….

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Post Code: ……………………………………………………………………………….….……

Email address: ……………………………………………………………………….………….

Current Post/Job: ………………………………………………………………………………...

Place of employment: …………………………………………………………….………….…

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BANN Membership Number: ……………………………………………………….…….…….

*This must be included for your application to be considered.*

Rationale for the application: ……………………………………………………………………

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Total amount requested: ………………………….…………………………………………….

Signature:……………………………………………………….…………………………….. Date: ………………….

