

# DIOCESE IN EUROPE

THE CHURCH  
OF ENGLAND



## CONTINUING MINISTERIAL EDUCATION (CME) GRANT REQUEST

*Please return to the Archdeacon*

NAME .....

ADDRESS.....

.....

CHAPLAINCY OR CONGREGATION.....

TITLE OF COURSE/TRAINING EVENT etc.....

.....

VENUE.....

DATES.....

BRIEF DESCRIPTION OF COURSE AND REASONS FOR WISHING TO PARTICIPATE:

COST.....

AMOUNT REQUESTED FROM CME FUNDS.....

*(Readers only: SIGNATURE OF SUPERVISING PRIEST .....*)

SIGNED.....

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Authorisation:

Date:

Amount to be paid:

**A COPY OF THIS COMPLETED FORM IS TO BE SENT TO THE SUFFRAGAN  
BISHOP FOR MINISTRY TEAM FILES**