



## Grant request form for Continuing Ministerial Education

**01**

**Information**

Name

Address  
(house number, street  
name, town)

Country

Postcode

Email address

Chaplaincy

Title of course/event

Venue

Date/s

Description of course and reasons for wishing to participate

Cost

Amount from CME funds

**02**

**Declaration**

Signed by Supervising Priest

Print name

Date (DD/MM/YYYY)

ABOVE NEEDED FOR READERS ONLY

Authorisation

Print name

Date (DD/MM/YYYY)

Amount to be paid

**Where to send  
this form?**

**A COPY OF THIS COMPLETED FORM IS TO BE SENT TO THE RELEVANT ARCHDEACON**