

PROFESSIONAL DEVELOPMENT GRANT APPLICATION FORM



PLEASE NOTE Grants are made for one specific purpose and are open to IoBM Members only
Please write clearly in black ink and complete all parts of the form, using an extra sheet if necessary

YOUR PERSONAL DETAILS

Title	Full Name	Date of birth
Current occupation		M / F
Home address		
		Post Code
Email		Telephone

QUALIFICATIONS / CPD (IF APPLICABLE) *(Please use separate sheet if required)*

Qualification / Course
Date
Qualification / Course
Date
Qualification / Course
Date
Have you attended any BMF training courses? YES/NO <i>(please give details)</i>	

COMPANY DETAILS

Company Name	Job Title
.....	
Branch address	
	Post Code

WHAT TRAINING COURSES DO YOU WISH TO APPLY FOR FUNDING FOR? *(Please use separate sheet if required)*

Qualification / Course
Date	COST
Qualification / Course
Date	COST
Are you or your employer contributing towards course costs? YES/NO <i>(Please give details)</i>	
.....	

PROFESSIONAL DEVELOPMENT GRANT



SUPPORTED BY:



STATEMENT OF NEED

Please give any useful information to support your application

DECLARATION

I confirm that I have not received a grant from the IoBM Professional Development Fund before and that all the details I have given on this form are correct.

Signature of Applicant

Date

ANY QUESTIONS?

You can contact us by phone on 02476 854996 or email admin@iobm.co.uk

THANK YOU FOR COMPLETING THIS APPLICATION

Please send completed form to : IoBM, 1180 Elliott Court, Herald Avenue, Coventry Business Park, Coventry CV5 6UB or email to admin@iobm.co.uk