**The College maintains a fund to enable small discretionary grants supporting members undertaking research, supporting educational/research programs or projects. It is overseen (on behalf of the OPC) by a Grants Officer** **grants@healthcarechaplains.org****.**

**All requests should be submitted using the application form below. We will acknowledge receipt and aim to respond within 6 weeks. You are welcome to email the Grants Officer informally for guidance on completion and whether the application is *likely* to meet out criteria, but no agreement to Grant monies will be confirmed without a formal application to the whole sub-group.**

**Applications under £2000 can be considered by this sub-group, but requests for larger amounts or recurring support will be referred to the OPC. If we have already used the grant allocation for the year, applicants may be asked to resubmit at a later date. If you have personal or profession connections with any member of the Grants sub-group, both you and they will need to declare this.**

**Criteria**

*Those applying for a grant should note the following*

1. Applicants must be a full member of the College

## The application form below should be supported by two relevant referees

1. The focus of the education/research/project *must be directly related to the aims of the College* (see website)
2. The application should set out full details of the education, research or project intended, including aims, structure and timings (not more than 1000 words)
3. The applicant must demonstrate how *Healthcare Chaplains* (locally or nationally) will benefit from the education/research being considered. Personal development of the individual Chaplain would *not* normally be considered sufficient grounds (e.g. undertaking PGCert in order to further development will not normally be considered)
4. The applicant will need to provide evidence to the Grant Officer, within one year of the grant being made, that it has been spent as planned. The award of the Grant may be conditional on a particular form of evidence (e.g. a Poster Presentation to be provided at the next CHCC Annual Study Conference) or a particular way of working (e.g. working in collaboration with a CHCC Research advisor)
5. If no evidence of appropriate spending is shown, the College reserve the right to request repayment of the full sum.
6. Where a Grant runs over more than one year, an interim yearly progress report should be sent to the Grants officer.

**Section 1: Personal Details**

Title…………………………………..First name…………………………………………

Surname……………………………………………………………………………………

Home Address…………………………………………………………………………

Town…………………………………………….County…………………………………..

Post Code…………………………………………Home Telephone ……………………...

**Section 2: Professional Details**

CHCC Membership Number ………………………………

Length of Membership ……………………..years

Length of time working in Healthcare Chaplaincy: Part-time…………………..Whole time……………….

Current Job Title ……………………………………………………………………………

Type of Hospital/Health Care Setting……………………………………………………….

………………………………………………………………………………………………

Name of Employing Trust/Board/Organisation…………………………………………………………………..

Name of Hospital/Healthcare Setting ………………………………………………………

………………………………………………………………………………………………

Professional Address………………………………………………………………………..

 ……………………………………………………………………….

……………………………………………………………………….

………………………………………………………………………

Post code …………………………

**Section 3: Details of Grant Application**

Please give concise aims and objectives for your educational program /research, showing how they support the 3 key aims of CHCC as set out on the CHCC Website:

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**Explain how you intend to achieve these aims:** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

On a separate piece of paper, feel free to give more detailed information, being sure to include details of timing and structure.

Please identify any Educational/Professional establishments to which your education/research might be linked:

………………………………………………………………………………………………

………………………………………………………………………………………………

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**Section 3: Cont…**

Please set out the potential benefits for Healthcare Chaplains (locally or nationally):

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*If you are proposing to undertake* ***Research, complete to section 4.*** *In all other cases, continue to section 5.*

**Section 4: Research Applicants**

1. On a separate sheet, please include a full and detailed description of your research proposal (this may be a copy of one already prepared for an academic body or in preparation for ethics approval)

## Please provide a Statement of Support from your University Supervisor or other sponsoring/supervising organisation or individual

### Section 5: Relevant experience and references

Please list any relevant research or similar educational activity carried out in the last ten years, indicating if you have received grant support from CHCC in the past.

…………………………………………………………………………………………………………………………………………………………

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Please give the names, address and relationship with two referees. If relevant, one reference should be supplied by your University Supervisor.

1. Name………………………………………………………………

Address…………………………………………………………………………………………………………………

Relationship………………………………………………….

1. Name………………………………………………………………

Address…………………………………………………………………………………………………………………

Relationship………………………………………………….

**Section 6: Funding Details**

Please provide a full breakdown of research/educational costs and how you plan to fund.

**Estimated Total Cost** ……………………………. (Please attach a breakdown of how this estimate is reached, only including *directly* related costs such as fees, books, travel, stationery etc)

**Amount of Grant Requested**  ……………………………..

How will you ensure rest of costs are funded?....................................................................................

.............................................................................................................................................................

Have you applied to any other charity, faith or belief group, educational or professional organisation or your own employer for financial support. **YES/NO**

If yes, please give full details of these and indicate if approved, tentative or rejected:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Agreement**

I agree to the terms and conditions by which this grant is awarded and will ensure that the CHCC Grants Officer is kept up to date on progress. I will report on the outcome as agreed. If for any reason the research/education is not completed as planned I will inform CHCC, and refund grant monies as required by the Grant officer (exceptional exemptions from the requirement to repay will be considered on merit)

Signed:………………………………………………………………………

Dated:……………………………………………………………………….

Please submit this application and all required attachments to the Grants Officer.

*Revised Jan 2019*