

# Education & Training Grant Application



(Please study the accompanying notes before completing)

## Applicant Details

Surname			
First Names			
Title			
Hospital/organisation			
Address			
Country		Postcode	
Telephone No:		Fax	
Email address		Mobile No	

## Proposal Details

Purpose of the application (Continue on a separate sheet if necessary)			
Number of medical professionals to be trained	Type of Training		
	Length of training		
Provide details of the format and objectives (if a symposium, include dates and location)			
Training provider:			
Grant requested	£	Total cost of project	£
Additional funding identified	£	Details of additional funding	

<b>Outcomes/supervision</b>	
How will this grant improve the quality of cleft care provided?	
Medical professional overseeing the project (submit CV & letter of recommendation):	

**I certify that the information provided in this application is true and accurate**

Name (please print)	Title
Signed	Date

<b>For office use only</b>			
Date application received		All supporting Information present	
Date Approved		Date declined	
Funding terms – single/multiple		Review Date/s	
Trustee approved		Trustee approved	

**Website [www.futurefaces.org.uk](http://www.futurefaces.org.uk) Phone **0845 643 56 05** Email [enquiries@futurefaces.org.uk](mailto:enquiries@futurefaces.org.uk)**

**Address** Future Faces, PO Box 7201, Poole, BH12 9FU

**Registered Charity No.** 1115391

**Trustees** A F Markus, B Adeney, P Nicholas, J M Leggett