**District Training Grant Application Form**

**for Presbyters, Deacons and Church members**

**Grants will be considered on their merits for authorised training that supports the mission of the Church and is not otherwise available through the Learning Network. Circuits are expected to offer comparable training grants where appropriate, and/or contribute to travel expenses.**

|  |  |
| --- | --- |
| **Title & Name:** |  |
| **Address:** |  |
| **Telephone:** |  | **E-mail:** |  |
| **Circuit:** |  | **Office held:** |  |

|  |  |
| --- | --- |
| **Title of training course or event you wish to attend:** |  |
| **Name of provider:** |  |
| **Duration:** |  |
| **Dates:** |  |
| **Total Cost:** |  |
| **Grant sought from BEH District:** |  |
| **Grant sought from circuit:** |  |
| **Other sources of Funding:** |  |
| **In what ways do you expect this course or event to equip you for ordained/lay ministry and make you more effective in the particular role you exercise in the life of the Methodist Church?** |
| **Any other comments to support the application:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of bank to be credited:** | **Name of account:** | **Sort Code:** | **Bank account number:** |

|  |  |  |
| --- | --- | --- |
| ***Applicant’s Signature:*** |  | ***Date:*** |

**I confirm that I support this application for a training grant from the District training fund:**

|  |  |  |
| --- | --- | --- |
| ***Superintendent’s Name:*** | ***Signature:*** | ***Date:*** |

**Please return the completed training grant application with receipts or other supporting evidence to the Grants Secretary, Mr Bob Butcher (****janicebobbutcher@gmail.com****).**