

Christian Science Nurses Fund

Registered Charity 209226
(PENSION TRUST FOR CHRISTIAN SCIENCE NURSES)

Grant Application to the Training Fund

Instructions

The Training Fund provides financial support for active Christian Scientists wishing to train as Christian Science nurses.

Requirements

Applicants must be:

- Active, sincere, dedicated students of Christian Science who are members of The Mother Church
- Accepted for training by an accredited Christian Science nursing home or Visiting Christian Science Nurse Service or Christian Science nurse listed in The Christian Science Journal
- Requesting assistance in accordance with the Training Fund policy.

Types of application forms and materials to be submitted

1. Grant Application for costs related to training that are not means tested

If applying for a grant associated with training (travel costs, travelling home or to Association, Liability Insurance fees, childcare costs relating to training, Continuing Professional Development (CPD), promoting Christian Science nursing education and assistance with Class instruction) the following documents need to be submitted:

- Form A – Grant application
- Form B – Applicant's financial statement

2. Grant Application for costs related to training that are means tested

If applying for a grant associated with training (maintenance costs during training which could include the purchase or maintenance of a car needed to travel to work or training; or maintenance of a home or help with moving if necessary for work and training or additional training after the completion of primary training at the discretion of the Board), the following documents need to be submitted:

- Form A – Grant application
- Form B - Applicant's financial statement
- Form C - References

3. Returning applicants (ie for second and subsequent level courses)

Applicants who have previously received financial aid from the Training Fund for CS Nursing training (and who therefore have already sent forms to the Fund) do not need to fill in the "Applicant's Christian Science Statement" again.

Submission of application materials

Wherever possible, please submit all required application materials together. Return your application by post to **Clare Talbot, Administrator PTCSN, PO Box 1664, Northampton NN2 1JH** or email administrator@ptcsn.org.uk **Please note we are unable to accept photographed application forms.** If you have any queries, please contact the administrator by telephone on 01604 870977 or email at administrator@ptcsn.org.uk.

Award decision

The applicant will be advised by email about the grant decision, as soon as possible after the completed application is received. Any grant awarded will normally be transferred electronically direct to the applicant's bank account. The payment of the grant is subject to the applicant having been admitted to a training programme and completed at least six months of training which meets the requirements of the Training Fund.

Grants awarded by the Training Fund are non-repayable.

Data Protection

Information provided will be treated as confidential and will be held in accordance with the Data Protection Act 1998.

Christian Science Nurse Training Grant Application

FORM A - GRANT APPLICATION

We take your privacy seriously, and protect the information you give us carefully and lawfully. As a charity we must administer grants fairly and responsibly. Occasionally we may need to verify aspects of your application with a third party. Please confirm your agreement: YES/NO

APPLICANT INFORMATION

Name (Ms, Miss, Mrs, Mr): _____

Citizenship: _____

Contact address: _____

Postcode: _____ Country: _____

Telephone (area code first): _____ Mobile (country first): _____

Email address: _____

Details of current training: _____

Name and address of CS Nursing Training Provider (CSNTP): _____

Details of your CS nursing practice: _____

Are you already Journal listed?: _____

If not, do you intend to apply to become a Journal-listed Christian Science nurse? Yes ☐ No ☐ Not sure ☐

APPLICANT'S CHRISTIAN SCIENCE STATEMENT

If this is your first Application to the Training Fund, please tell us briefly what Christian Science means to you and why you wish to train to become a Christian Science nurse (continue on a separate sheet if necessary).

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FORM A - GRANT APPLICATION - Continued

REQUEST FOR FINANCIAL ASSISTANCE

Please specify for which costs you need financial assistance, including the amounts:

Please add any explanatory comments about your situation and why you are applying for this assistance:

If there is anyone financially dependent on you, please explain the circumstances:

Signature of Applicant:

Date:

Christian Science Nurse Training Grant Application FORM B - APPLICANT'S FINANCIAL STATEMENT

HOUSEHOLD INCOME	£	HOUSEHOLD EXPENDITURE	£
1. Your monthly take-home pay: (Average based on last 3 months)		1. Home expenses – <u>monthly</u>	
		Rent	
2. Your spouse's take-home pay: (Average based on last 3 months)		Mortgage	
		Council Tax	
3. Additional monthly income, eg. Interest on savings, investment income, pension, other benefits, etc. (Please describe)		Maintenance/repairs/insurance	
		Water	
		Electricity and/or gas	
		Telephone	
		TV rental/licence	
4. Sponsorship, scholarship, grant or loan assistance:		Car costs: tax/insurance/repairs/petrol	
		2 Loan repayments monthly (if not included above)	
		3. Other expenses (please specify)	
Total Monthly Income		Total Monthly Expenditure	

SAVINGS/CAPITAL (in bank, building society etc)	£

Please list your outstanding household debts:

TYPE OF LOAN: (example: mortgage, credit card, car. etc.)	Amount Outstanding £

Signature of Applicant:	Date:
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The trustees will estimate an amount which you might be expected to spend on day-to-day expenses such as food, clothing, stationery, church activities etc, and add it to the above figures.

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FORM C - REFERENCES

Please list two individuals, other than relatives, who have known you for three years or more. **One referee must be a Christian Science Practitioner.**

1.

Name:

Address:

Postcode:

Telephone:

Mobile No:

Email:

2.

Name:

Address:

Postcode:

Telephone:

Mobile No:

Email:

Please return your application form by post or scan and email (not photograph) to:
Clare Talbot, Administrator PTCSN, PO Box 1664, Northampton NN2 1JH or
Email: administrator@ptcsn.org.uk

For enquiries or help, please contact the PTCSN Administrator by:
Email (as above) or Tel: 01604 870977