



APPLICATION FORM

*Please read the guidelines before completing the form below.
Applications are considered quarterly at Council meetings.
Please ensure that the application form is completed fully otherwise
this may result in a delay to the timely processing of the application.*

OFFICE USE ONLY

Date received	
Date approved	
Reference	
Decision	
Informed	
Amount	
Cheque No	
Cheque Issued	
County	
Category	

CONTACT DETAILS

Name:

Organisation (if applicable):

Position within the organisation: CHY No:

Address:

Phone: Mobile:

Email:

Name of person who will benefit from this grant:

Date of Birth:

DETAILS OF REFEREE

Name:

Address:

Phone: Mobile:

Email:

Relationship to applicant None

INFORMATION

Have you received a QIDN grant before?	If yes, please give details and date.
Have you ever applied to or received a grant from the Health Service or any other source?	If yes, please give details.
How much are you applying for? <i>(Please enclose an estimate or quotation)</i>	When will you need the money?

PURPOSE OF GRANT

Please give details. If necessary attach an extra sheet or covering letter.

For Education grants please enclose resume of course and cost fees.

For Care / Respite grants please give breakdown of costs and include any back up material that is relevant.

For Equipment, please include a quotation

SIGNATURE:	
PLEASE SEND COMPLETED FORM TO:	The Secretary, The Queen's Institute of District Nursing in Ireland, Carmichael Centre for Voluntary Groups, North Brunswick Street, Dublin 7

This application will be kept confidential to the Council. No information will be passed to third parties.