

North Carlisle Christian Ministry's grants are to help with the costs of training individuals engaged in or who expect to be engaged in Christian ministry in accordance with our Statement of Faith. (See our website, [www.northcarlislechristianministry.org.uk](http://www.northcarlislechristianministry.org.uk)).

To help the trustees consider your application, please supply the information needed on the form below. Once you have completed it return it either by post to NCCM, % St Peter's Church Office, Kingstown Road, Carlisle, CA3 0BB; or as an email attachment to [office@northcarlislechristianministry.org.uk](mailto:office@northcarlislechristianministry.org.uk).

If we need any more information we will contact you. The trustees meet roughly every two months to consider applications, and you will hear their decision as soon as possible.

**Your details**

Title ..... Surname .....

Christian Names .....

Date of birth .....

Address .....

Postcode..... Telephone No. ....

Email address.....

Church of which you are a member or regularly attend .....

Do you have any area of ministry in the church? .....

**Training**

Please give as much detail as you can about the training you intend to undertake (or are currently undertaking). This should include the training provider; length of training; time involved (full / part-time, hours); costs involved; any qualifications to which the training leads etc.

**Ministry**

Please explain how you expect the training will benefit your ministry.

Extra Information (optional)

If you think there is anything further that you think the trustees might find helpful in considering your application, please add it here, including whether you are seeking / receiving funding from other sources for this training.

References

Please give the name and contact details of two people who are able to act as referees in support of this grant application. (One should be in a leadership position in your church).

Title ..... Name .....

Address .....

Postcode..... Telephone No. ....

Email address.....

Relationship to you. (e.g. Colleague, Minister etc.) .....

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Title ..... Name .....

Address .....

Postcode..... Telephone No. ....

Email address.....

Capacity in which he / she knows you. (e.g. Colleague, Friend, Minister etc.)

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Declaration

I have read, understood and subscribe to the North Carlisle Christian Ministry Statement of Faith.

To the best of my knowledge all of the information that I have supplied is correct.

Signature ..... Date .....