

## NURSES FUNDING APPLICATION FORM

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### Applicant and Hospital Name

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### Funding details

I wish to claim towards the cost of: .....

..... Conference/Study Day.

Requested amount: .....

### Bank details

Account Holder Name: .....

Bank Name: .....

Account Number: ..... Sort Code: .....

I consent to HASAG making a bacs payment into my account

Signature: .....