



**THERAPISTS EDUCATION FUND
GRANT APPLICATION FORM**

Name:	Address: Postcode:
Phone:	
Fax:	
E: Mail	
Job Title:	
Explanation of Job Role:	
Description of MS Service:	

Description of Course for which funding is requested (including cost of course, dates, venue, content, target audience):	
Description of potential benefit and learning outcomes of the Course and relevance to your overall development plan:	
Other funding sources(s):	
Signature:	Date:

**Please attach to this application form a copy of your CV and return to:
Nicola Russell, MS Trust, Spirella Building,
Bridge Road, Letchworth Garden City, SG6 4ET**

(Reg. Charity No. 1088353)