



AREA BASED GRANT REQUEST FORM (NTS)

ORGANISATION NAME:	NMDS – SC NUMBER: Must have been updated Since 1 st April 2011.
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ADDRESS:

Telephone Number:	Email:
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Contact Name for Funding:

Nature of care <i>Please circle all that apply</i>	Older people LD Phys Dis. Nursing Mental Health Residential Domiciliary Other (please specify).....
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Number of care staff employed		No. of beds/service user capacity	
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Topic of Learning

Number of staff for:		
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Topic of learning:	
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Training Provider:	
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Cost			
Per Person		Total	

How do you propose to embed the learning into practice?

How will the learning make a positive difference to the lives of the people that you support?

How could your service users contribute to your staff learning in the particular area?

If this learning has been developed in-house would you be willing to share this training, or the materials with others?

NAME :
(Please print)

Signature:

Date:

For office use only

Partnership From	NMDS – SC	Evidence	Date Received
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLEASE RETURN THIS FORM TO: -

**CARE FOCUS SOMERSET, SUITE 4 THE COURTYARD, HIGHER COMEYTROWE FARM, COMEYTROWE,
TAUNTON, SOMERSET, TA4 1EQ**