**AIM TRAINING GRANT APPLICATION FORM 2024**

|  |  |
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| Name of Museum |  |
|  |
|  |  |
| Address |  |
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| --- | --- |
| AIM Membership Number |  |
|  |
|  |  |
| Charity Number |  |
|  |  |
| Company Number |  |
|  |  |
| VAT Number  |  |
|  |  |
| Name of Applicant |  |
|  |
|  |  |
| Role at Organisation |  |
|  |  |
| Phone |  |
|  |
|  |  |
| Email |  |
|  |  |
| Organisations Bank Account Name*(Grants can only be paid to the museum/organisation)* |   |
|  |   |
| Account Number  |  |
|  |  |
| Sort Code |  |
| Purpose of Grant*(Delete as appropriate)* | **AIM Training Grant 2024/ AIM National Conference Bursary 2024** |
|  |  |
| Can you tell us how this grant application relates to your organisation’s forward plan? |  |
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|  |  |
| Please identify at least one outcome from the training that will make a difference to your museum. |  |
|  |  |
| Name of person/s being trained and/or attending  |  |
|  |   |
| Total cost *(Please provide a breakdown of the costs with links where applicable)* |   |
| Sum applied for from AIM *(Please round requests up to the nearest zero or five)* | £ |

|  |  |
| --- | --- |
| What is the proposed timeline?  | Start date (*MM/YY)*:End date (*MM/YY)*: |
| I confirm that to the best of my knowledge all the information in this application is true. I declare that I am authorised to make this application and I accept the terms and conditions listed in the guidelines.  |
| Signed (Museum Manager/Chairman) |  |
|  |
|  |  |
| Full Name |  |
|  |
|  |  |
| Date |  |
|  |