**AIM Pilgrim Trust Audit Application 2025**

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| Member Museum  (Legal name of grant beneficiary) |  |
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| Address |  |
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| Project Leader |  |
|  |  |
|  |  |
| Role/Title |  |
|  |  |
|  |  |
| Email |  |
|  |  |
|  |  |
| Phone number |  |
|  |  |
|  |  |
| Aim Membership number |  |
|  |  |
| Charity number / Status |  |
|  |  |
| Company number  (If applicable) |  |
|  |  |
| VAT number  (If applicable) |  |
|  |  |
| Number of staff/ volunteers |  |
|  |  |
| Number of days open to the public |  |
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| **AIM Pilgrim Trust Audit Application Form 2025** | |
| 1. **Description of Museum:** Tell us about your museum, including when you were founded, the size of the collection, whether you are volunteer or staff run, etc. (up to 150 words) | |
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| 1. **Collections Significance:** Tell us why the collections are important to your museum and your area. (up to 200 words) | |
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| 1. **Urgency:** What is the problem you are seeking to address? Why is it a priority to undertake an audit now?   Please outline the reasons you wish to carry out the audit and the percentage of the collection (if applicable) that you would like it to focus on. (up to 200 words) | |
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| 1. **Condition:** Tell us about the current state of your collections. How do you look after your collection and what collections care issues are you already aware of.   Tell us if you have ever received a collections audit before. (up to 200 words) | |
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| 1. **Improve:** How will the collection be preserved, maintained, and enhanced in the future?Tell us how the audit will help the museum to improve collections care. (up to 200 words) | |
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| 1. **Impact.** What will the long-term impact of the conservator led audit be on your organisation? (up to 200 words) | |
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| 1. **Preferred Conservator** (chosen from the AIM Collections Care Audit Shortlist) | |
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| The Chairman of Trustees or Company Secretary should sign below.  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 have read the grant guidance notes. | |
|  | |
| Signed |  |
| Full Name |  |
| Title |  |
| Date |  |