**AIM TRAINING GRANT APPLICATION FORM 2025**

|  |  |
| --- | --- |
| **Name of Museum** |  |
|  |
|  |  |
| Address |  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| AIM Membership Number |  |
|  |
|  |  |
| Charity Number |  |
|  |  |
| Company Number |  |
|  |  |
| VAT Number  |  |
|  |  |
| Name of Applicant |  |
|  |
|  |  |
| Role at Organisation |  |
|  |  |
| Phone |  |
|  |
|  |  |
| Email |  |
|  |  |
| **Organisations Bank Details**Bank Account Name*(Please note grants can only be paid to the museum/organisation member)* |   |
|  |   |
| Account Number  |  |
|  |  |
| Sort Code |  |
| **Purpose of Grant***(Please tell us about the training you would like to undertake.)* |  |
|  |  |
| Can you tell us how this grant application relates to your organisation’s forward plan? |  |
|  |
|  |  |
| 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.)* | £  |
| Sum applied for from AIM *(Please round requests up to the nearest zero or five.)* | £ |

|  |  |
| --- | --- |
| **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 accept the terms and conditions listed in the grant guidelines.  |
| Signed (Museum Manager/Chairman) |  |
|  |
|  |  |
| Full Name |  |
|  |
|  |  |
| Date |  |
|  |