|  |  |
| --- | --- |
| Name of AIM Member/Museum |  |
|  |
|  |  |
| Address |  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| AIM Membership Number |  |
|  |
|  |  |
| Charity Number |  |
|  |  |
| Company Number |  |
|  |  |
| VAT Number |  |
|  |  |
| Name of Applicant |  |
|  |
|  |  |
| Role/ Position |  |
|  |  |
| Phone |  |
|  |
|  |  |
| Email |  |
|  |  |
| **AIM Members Bank Details**  Bank Account Name |  |
|  |  |
| Account Number |  |
|  |  |
| Sort Code |  |
| Please tell us why you are applying  for an AIM National Conference Bursary place. (50 words) |  |
|  |  |
| Please identify at least one outcome that will benefit the museum you work with or for from attending AIM conference. (50 words)  *(For example, attending may link to training objectives in your museums forward plan.)* |  |
|  |
|  |  |
| Please identify at least one outcome from the training that will make a difference to your working practice. (50 words) |  |
|  |  |
| **Total Expected Expenses Cost**  *(Please provide a breakdown of the costs with links.)* | £ |
| **Expenses Applied for from AIM**  *(The maximum amount we can*  *offer towards expenses is* ***£175****.)* | £ |

|  |  |
| --- | --- |
| 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 guidelines. | |
| Signed (Museum Manager/Chairman) |  |
|  |
|  |  |
| Full Name |  |
|  |
|  |  |
| Date |  |
|  |