



IMMUNOLOGY & ALLERGY NURSES GROUP EDUCATIONAL TRAVEL GRANT APPLICATION FORM

The Immunology & Allergy Nurses Group are pleased to offer in conjunction with BPL, travel grants to nurses wishing to visit other centres with the intention of sharing practice and expertise with the aim of improving knowledge and ultimately the patient experience. The grant can be used to cover any travel expenses and will be limited to £250 per person. Sponsorship of this initiative is via BPL and is intended to be used in the area of Immunodeficiency, however, if a nurse also works in the field of allergy, it would be reasonable to combine both in the same visit. The recipient will need to make all the necessary arrangements with the centre to be visited. To apply for a grant, please complete the form below. The recipients of each grant will be agreed by the board members and will be required to complete an evaluation form after the visit. This information will be collated and presented to BPL. **Unfortunately, this grant cannot be used for attendance at Conferences.** Please return completed forms to lisa.smith2@nbt.nhs.uk

Name									
Job Title									
Work address									
Centre to be visited									
Purpose of the visit (what are you hoping to achieve and how it will enhance patient care)									
Amount claimed (up to a maximum of £200)	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Mileage</td> <td style="text-align: right;">£</td> </tr> <tr> <td>Hotel accommodation</td> <td style="text-align: right;">£</td> </tr> <tr> <td>Rail/Public Transport Fares</td> <td style="text-align: right;">£</td> </tr> <tr> <td>Taxi Fares</td> <td style="text-align: right;">£</td> </tr> </table>	Mileage	£	Hotel accommodation	£	Rail/Public Transport Fares	£	Taxi Fares	£
Mileage	£								
Hotel accommodation	£								
Rail/Public Transport Fares	£								
Taxi Fares	£								

	Total	£
Details of payee (payment will be by cheque)		
Expected date of visit		

**IMMUNOLOGY & ALLERGY NURSES GROUP EDUCATIONAL TRAVEL GRANT
EVALUATION FORM**

Name	
Job Title	
Work address	
Centre Visited	
Date(s) visited	
Did you have a specific area of interest prior to your visit – if yes, can you describe	
Did the visit meet your expectations – if no, can you explain why?	
Can you outline what benefit you gained from this visit and particularly any changes you think you may make to your practice and how this will enhance your patient care. Please continue on a separate sheet if necessary.	

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