Please return before the retreat by email to: MDadmin@coventry.anglican.org

**Please attach details of the retreat** to your application.

**Proof of spend is also required**, so please include a copy of the invoice or receipt with your application.

**Personal Details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |
| Parish |  |
| Incumbent’s name |  |

**Retreat Details**

|  |  |
| --- | --- |
| Name of Retreat |  |
| Venue |  |
| Date(s) |  |
| Description*Please attach/signpost further details of retreat if available* |  |
| Cost of Retreat |  |
| Other costs (specify)*Please note that travel expenses are not normally covered* |  |
| **TOTAL COSTS** |  |

**Sources of Funding**

The Diocese allows a retreat grant of up to **£120 per calendar year** for each non-licenced lay person.

|  |  |
| --- | --- |
| PCC (or similar) contribution |  |
| Any personal contribution |  |
| Other sources (please specify) |  |
| **Grant requested** |  |

**Bank Details**

|  |  |
| --- | --- |
| Bank name |  |
| Name on account |  |
| Account number |  |
| Sort code |  |

**Declaration**

I declare that the information on this application form and any supporting information enclosed with it is accurate to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature of Incumbent(print name below) |  |
| Date |  | Date |  |