

NURSES FUNDING APPLICATION FORM

In order to be eligible for funding applicants must be:

A medical or allied health professional who works in, and intends for the foreseeable future to continue working in the area of prevention, treatment care and support in connection with asbestos-related diseases.

Applicant and Hospital Name

.....

Funding details

I wish to claim towards the cost of:

..... Conference/Study Day

Date(s) of Conference/Study Day:

Requested amount:

Bank details

Account Holder Name:

Bank Name:

Account Number: Sort Code:

I consent to HASAG making a bacs payment into my account

Signature: