

**The Diocese of Derby
CLERGY Continuing Ministerial Education (C.M.E.)
Grant Request**

NAME

ADDRESS

PARISH

TITLE OF COURSE/TRAINING EVENT

VENUE

DATES

BRIEF DESCRIPTION OF COURSE/CONFERENCE/RETREAT AND REASONS FOR WISHING TO PARTICIPATE (*Please use reverse of this sheet if completing by hand*):

HOW WAS THIS TRAINING/DEVELOPMENT NEED IDENTIFIED?

Ministry Review

Discussion with CME Adviser

Discussion with bishop/archdeacon/diocesan officer

(Please specify who and when)

Discussion with Area Vicar/Rural Dean/

Church Wardens etc *(please specify)*

Personal assessment

HAVE YOU ATTENDED THIS COURSE/CONFERENCE/RETREAT BEFORE?

IF SO, WHEN AND/OR HOW OFTEN?

COST

AMOUNT REQUESTED FROM C.M.E. ACCOUNT (*please see policy, available online*)

SIGNED

Please return this form electronically to cddm@derby.anglican.org
or by mail to Canon Andie Brown at Derby Church House (address below)

For office use only:

Date Received

Authorisation:

Amount to be paid: £

Cheque N^o

Date sent: