**Mission and Ministry Framework**

**Application for Continuing Ministerial Development (CMD) Funding**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | | | | |
| **Address:** | | |  | | | | | | |
| **Tel:** | | |  | | | **Email:** |  | | |
| **Role:** | | |  | | | | | | |
|  | | | | | | | | | |
| **Funding Request**  *CMD Funding is linked to Ministry Development. Please outline how this request contributes to the formation and development of your ministry, and the ministry and mission of the parish/ministry context.* | | | | | | | | | |
|  | | | | | | | | | |
| **Cost:** | £ | | | | **Amount requested (if different):** | | | | £ |
|  | | | | | | | | | |
| **Signed:** | |  | | | | **Approved by:** | |  | |
| **Date:** | |  | | | | **Date:** | |  | |
|  | | | | | | | | | |
| **Bank Details:** | | | | | | | | | |
| **Payee:** | | | |  | | | | | |
| **Sort Code:** | | | |  | | | | | |
| **Account Number:** | | | |  | | | | | |

Please send your completed application to [mhambrook@diocant.org](mailto:mhambrook@diocant.org) Funds will normally be released when an invoice / receipt is received.