

## The Diocese of Derby Laity Development Grant Request

NAME

ADDRESS

PARISH

Purpose of Grant

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?

Discussion with CME Adviser

Discussion with Vicar

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 (grants are normally in the region of £50)

SIGNED

Date

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

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*For office use only:*

Date Received

Authorisation:

Amount to be paid: £

Cheque N<sup>o</sup>

Date sent: