



**OFFICE USE ONLY**

Date received	
Date approved	
Decision	
Informed	
Amount	
Cheque No	
Cheque Issued	
County	
Category	

*Please read the guidelines before completing the form below  
(see [www.qidn.ie](http://www.qidn.ie) for details)*

*Applications are considered quarterly at Council meetings*

*Please ensure that the application form is completed fully  
otherwise this may result in a delay to the timely processing of  
the application*

<b>BENEFICIARY</b>	<b>AMOUNT BEING SOUGHT: €</b>
Name	
Name of parent or guardian (if applicable)	
Address:	
Date of Birth:	
Phone	Mobile
Email:	

<b>REFEREE /ORGANISATION (e.g. GP/PHN/SOCIAL WORKER)</b>	
Name of Referee /Contact person	
Name of Organisation (if applicable)	
Address:	
Phone	
Email:	
Relationship to Beneficiary	

<b>INFORMATION</b>	
Have you ever received a QIDN grant before?	If yes, please give details and date
Have you ever applied to or received a grant from the Health Service or other source?	If yes, please give details
When will you need the money?	

**PURPOSE OF GRANT**

Please give details. If necessary attach an extra sheet or covering letter

- For Education grant applications please enclose resumé of course and cost of fees
- For Care / Respite grant applications please give breakdown of costs and include any backup material that is relevant.
- For Equipment grant applications please include a quotation

**SIGNATURE**

Please circle whether the signatory is: the BENEFICIARY, the PARENT/ NEXT OF KIN or the REFEREE

**PLEASE SEND COMPLETED FORM TO:**

The Secretary, Queen’s Institute of District Nursing in Ireland, Carmichael Centre for Voluntary Groups, North Brunswick Street, Dublin 7

*This application will be kept confidential to the Council. No information will be passed to third parties.*