



## IPAF GRANT APPLICATION FORM

Name: \_\_\_\_\_

Pr No: \_\_\_\_\_

Contact No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Course attended: \_\_\_\_\_

Cost: \_\_\_\_\_

We will do a direct payment into your bank account, supplied to us on this form (payments are done on the 7<sup>th</sup> and 25<sup>th</sup> of each month).

Please supply us with your bank details:

Bank: \_\_\_\_\_

Acc. No: \_\_\_\_\_

Branch No: \_\_\_\_\_

Acc. Type: \_\_\_\_\_

**Please attach:**

1. The receipt of payment for the course
2. A copy of the certificate to ensure prompt reimbursement
3. (Afterwards)300 word letter explaining how this course has benefitted your practice

Send this application form with above required documents to  
[sonette@ipafoundation.co.za](mailto:sonette@ipafoundation.co.za)

Your partner in CME