



TRAINING FUND

APPLICATION FOR A GRANT TO ATTEND TRAINING FOR YOUTH RELATED ACTIVITIES

PERSONAL DETAILS OF TRAINING PARTICIPANT/S:

Name:

Role/Job Title within organisation:

.....

Where there are multiple applications from staff/volunteers for a single course please attach a separate sheet with a list of names and role/job title within the organisation

Please confirm all participants are aged over 18

Average number of hours worked with 11 – 25 year olds each week:..... (Hours)

ORGANISATION CONTACT DETAILS:

Line Managers' name if different from above:

Organisation name:

Organisation address:

..... Postcode:

Telephone No. (inc. STD Code):

Email:

NOTE: Cheques will be made payable and sent to the organisation not directly to participant/s.

PAYMENT CANNOT BE MADE UNTIL WE HAVE RECEIVED CONFIRMATION OF DELEGATE'S ATTENDANCE AND COMPLETION OF THE COURSE. PLEASE SEND A COPY OF CERTIFICATE OF ATTENDANCE TO MALEHA BOKHARI ONCE THE COURSE HAS BEEN COMPLETED.

The application forms and criteria details can also be downloaded from the Bradford CVS website, go to the children and young people's section. www.bradfordcvs.org.uk

DETAILS OF PROPOSED TRAINING COURSE:

Course Title:

Date of Course: **Duration:**

Venue:

Training provider:

Will this be an in-house training course? Yes No

Course Fee: £..... **Travel costs (if appropriate)** £.....
(mileage rate: 40 pence per mile)

Total Grant requested: £

If total cost is over £150 per applicant please indicate where shortfall will come from:

.....

Outline ways in which this training will enable you to work more effectively with young people aged 11 – 19 years. (To be completed by line manager if there are multiple applicants for this course).

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.....
.....

Signature of Applicant:

Date:

Signature of Line Manager within organisation:

Name: **Date:**

PLEASE RETURN TO:

Maleha Bokhari, Young Lives Bradford, Bradford CVS
T: 01274 722772 E: maleha@bradfordcvs.org.uk

APPROVAL SIGNATURES:

Young Lives Bradford: **Date:**

IYS – Localities: **Date:**