

Cairngorms National Park

Rural Skills Training Support

CLAIM FORM

Please complete and return this form **along with copies of invoices/receipts** by email to pennylawson@cairngorms.co.uk or by post to Penny Lawson, CNPA, 14 The Square, Grantown –on-Spey, PH26 3HG **within four weeks** of completing the training you are claiming for. Claims returned later than this may not be reimbursed.

**If you need help with your claim, please don’t hesitate to contact:**

**Penny Lawson, Land Management Officer**

**pennylawson@cairngorms.co.uk****, 01479 870519**

**or**

**Catriona Campbell, Support Officer**

**catrionacampbell@cairngorms.co.uk****, 01479 873535**

Name of Organisation/Business:

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Main contact name:

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Email Address:

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Is your business VAT registered? Yes /No

**Bank details for payment by BACS:**

Account No:

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Sort Code:

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**Payee details for payment by cheque (only needed if you prefer cheque payment):**

Name of payee:

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Address:

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**Now please turn over and enter course details and costs for your claim in the first table, and details of trainees in the second table.**

***Signed: Date:***

For CNPA Use:

|  |  |  |  |
| --- | --- | --- | --- |
| A/C Ref |  | Course |  |
| Amount £ |  | No. training places |  |
| Date to Finance |  | Authorised |  |

***Details of training included in this claim.***

Please fill in using one line per course or assessment. If you need more space please attach another copy of this page.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Type of training or assessment (please be as specific as possible).*** | ***Date delivered*** | ***Total number of trainees*** | ***Total number of eligible trainees (see Eligibility Criteria)*** | ***Total cost of training including venue and catering.\**** | ***Trainee travel – (please itemise) public transport\*, car miles @45p per mile plus 5p per mile for each passenger attending training\*\**** | ***Total cost of course*** |
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|  |  |  |  |  | ***Total for claim*** |  |

|  |
| --- |
| ***For CNPA use*** |
| ***Amount Paid at 30%*** |  |
| ***Date claimant notified*** |  |

***\*Please attach copies of invoices or receipts covering full amount claimed. NB Invoices must be made out to the business making the claim.***

* (please tick**) \*\***I certify that the amount of claim for travel expenses as shown above has been necessarily and actually incurred solely for the purpose of attending the training included in this claim.

***Details of eligible trainees (see Eligibility Criteria).***

Please fill in using one line per trainee. If you need more space please attach another copy of this page.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Name of trainee*** | ***Training or assessment completed*** | ***Date of training/ assessment*** | ***Age bracket (please choose one)******16-19, 20-25, 26-35, 36-45, 46-55, 56-65, 66+*** | ***Name of Employer*** | ***Occupation/position*** | ***Qualification gained (if applicable)*** |
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Please give us any feedback on how useful support from the Land Management Training Project has been for your business, and any suggestions on how we could improve our training support in the future