

# Land Management Training Project Application Form – Community Groups East



**Please read Application Guidelines before completing this form**

## About the business applying for the grant:

Name of organisation applying for grant	
Person completing application	
Address of organisation	
Phone number(s)	
Email	
Aims and objectives of community group applying for grant	

## About the person(s) to receive the training

If you wish to apply for **more than one land management training course** for an employee (or self-employed person) who is **between 20 and 25 years old** please tick here.

Support up to 60% of cost is possible. See Application Guidelines for further detail.

All employees are eligible for up to 40% for an individual training course directly related to land management and up to 25% for other courses. More information about what we will fund is in the Application Guidelines.

Their name(s)	
Their job(s)	

## About the training

Please list below the training you are seeking support for. Please see Application Guidelines for details required for each course / person.

### Example:

Name: A N Other

Course: Mountain Instructor certificate

Date of crse: 1<sup>st</sup> to 5<sup>th</sup> April 2011

Cost: £675.00 + VAT

Statutory: No

Benefits: This course will benefit me by allowing me to expand what I can offer my clients therefore expanding my business. This will allow me to attract more clients to the National Park area to enjoy what is on offer etc. etc.

**Name:**

**Course:**

**Course Provider**

**Date of Course:**

**Cost:** (Please state if inclusive, exclusive or exempt of VAT)

**Separate Assessment Fee?** Yes / No If Yes, please state how much:

(incl/excl/exempt VAT)

**Statutory:**

**Benefits:**

**Is this training a statutory requirement for this person? Yes / No**

We can not fund training that is a statutory requirement. If you are unclear whether the training is statutory or not then please give us a ring to discuss it further.

**Is your organisation registered for VAT? Yes/No**

**Is a copy of your organisation's Constitution is enclosed/attached with this application?**

Yes / No

**I confirm that (Enter name of Group) .....  
has a bank account.**

**Signature: .....**

**Position: .....**

**Application date: .....**

**Once completed please email this form to [training@cairngorms.co.uk](mailto:training@cairngorms.co.uk) or post to Cairngorms Training Project, Cairngorms National Park Authority, 14 The Square, Grantown on Spey, Moray, PH26 3HG.**

OFFICE USE ONLY: AUTHORISED? YES / NO

FUNDING FROM: LEADER

AMOUNT OF GRANT OFFERED: % = / £ =

NOTES:

**CAIRNGORMS**  
NATIONAL PARK AUTHORITY

ÙGH DARRAS PAIRC NÀISEANTA A' MHONAIDH RUAIDH



The European Agricultural Fund  
for Rural Development:  
Europe investing in rural areas



The Scottish  
Government  
Riaghaltas na h-Alba

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