

Land Management Training Project Application Form – Community Groups - West



Please read Application Guidelines before completing this form

About the Community Group applying for the grant:

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

About the person(s) to receive the training

All Community Groups constituted with a bank account and wholly or partly within the Cairngorms National Park 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

Course Provider: Any Mountain Training Ltd

Date of crse: 1st to 5th April 2011

Cost: (Please state if inclusive or exclusive of VAT) £675.00 + VAT

Separate Assessment Fee? Yes/No. If Yes, please state how much: N/A

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 of VAT or no VAT)

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

(incl/ex VAT)

Statutory:

Benefits:

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

We cannot 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 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: ESF

AMOUNT OF GRANT OFFERED: % =

/ £ =

(Incl/excl VAT)

NOTES:

CAIRNGORMS
NATIONAL PARK AUTHORITY

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EUROPE & SCOTLAND

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