Land Management Training Project Application Form – East Cairngorms - Business



Please read Application Guidelines before completing this form

About the business applying for the grant:

Name of business			
applying for grant			
app./8 .o. 8. a			
Person completing			
application			
аррисастоп			
Address of business			
Phone number(s)			
Thorie number (s)			
Email			
About the person(s) to			
If you wish to apply for m	ore than one land management training course for an employee (or		
	o is between 20 and 25 years old please tick here.		
Support up to 60% of cost	t 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 of	ourses. More information about what we will fund is in the Application Guide	lines.	
Their name(s)			
()			
The similab (a)			
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: Ist to 5th April 2011

Cost: (Please state if inclusive, exclusive or exempt 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 or exempt of VAT) Separate Assessment Fee? Yes / No If Yes, please state how much: Statutory: Benefits:	(incl/excl/exempt VAT)
Is this training a statutory requirement for this person? Yes / No	
We cannot fund training that is a statutory requirement. If you are unclear w	hether the training is statutory
or not then please give us a ring to discuss it further.	
Has the individual been in your employment/self employed for 3 mo	onths or more? Yes / No
Are you or your business registered for VAT? Yes/No	
Signature:	
Position:	
Application date:	
Once completed please email this form to training@cairngorms.co. Training Project, Cairngorms National Park Authority, 14 The Squamoray, PH26 3HG.	are, Grantown on Spey,
OFFICE USE ONLY: AUTHORISED? YES / NO FUNDING FROM:	
AMOUNT OF GRANT OFFERED: % = / £ =	









This project has been part-financed by the Scottish Government and the European Community (Cairngorms Local Action Group) LEADER 2007-2013 Programme

NOTES: