Cairngorms National Park



Land Management Training Project 2015/16

APPLICATION FORM

Name of main contact:

....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Organisation/Business:

.......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Address:

.......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

...................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Phone No:

...............................................................................................................................................................................................................................................................................................................................................................................................................

Email:

.......................................................................................................................................................................................................................................................................................................................................................................................................................................................................... *(Essential for us to communicate with you about your application)*

* If not already included, do you want to be added to our email circulation list for updates on training support?

Main type of business (*please TICK all relevant fields*)

* Mixed Estate
* Agriculture
* Equestrian
* Forestry/Woodland
* Fisheries/Aquatic
* Land Agent
* Consultant/Advisory service
* Contractor – please specify

..................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

* Other – please specify

.....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Is your business VAT registered?

* Yes
* No

***Now please turn over to enter course details.***

**Please attach a quotation or other evidence of approximate cost of training,** then return this form by email to [pennylawson@cairngorms.co.uk](mailto:pennylawson@cairngorms.co.uk) or by post to Penny Lawson, CNPA, 14 the Square, Grantown-on-Spey, PH26 3HG.

.................................................................................................................................................................................................................................................................................................................................................................................................................................... ........................................................................................................................................................................................

Please print name Date

***\*Please remember to turn over and enter course details.***

***Please enter details of your planned training below, using a separate line for each course.***

***If you need more space please attach another copy of this page.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Type of training or assessment and qualification if appropriate (please be as specific as possible).*** | ***Date of training***  ***(can be provisional, no more than 6 months in advance).*** | ***Name of training provider*** | ***Total number of trainees*** | ***Names of eligible trainees\**** | ***Estimated total cost of training (excluding VAT if you are VAT registered).*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| ***For CNPA use*** |
| ***Total approved at 30%*** |
| ***Date notified*** |

***\*If you are applying for training for individuals not currently employed in the land management sector, please provide evidence of a commitment to work in the sector within the Park, eg working towards related school or further education qualifications, for family business, business diversification.***