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Cairngorms National Park

Outdoor Learning Travel Grant Scheme 2015/16

Application Form

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| 1. **SCHOOL/ GROUP INFORMATION**
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| School/ Group Name |  |
| Address |  |
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|  |
| Post Code |  | Telephone Number |  |
| Contact email address |  |
| Teacher/Group Leader Name |  |
| Number of students /group members |  | Age of students / group members (approx) |  |
| Has your school/group visited the National Park before? | Yes**[ ]** No **[ ]**  | If yes, when was this?And did they use a ranger service? | *Insert year*Yes **[ ]** No **[ ]**  |
| Has your school received a CNP travel grant before? | Yes **[ ]** No **[ ]**  |  |  |

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| 1. **SITE INFORMATION AND TRAVEL COSTS**
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| Location for activities | *see Guidelines for suggested sites**Include name of National Nature Reserve – see guidelines*  |
| Ranger service or site staff  | Is Ranger Service or other staff support being provided for your visit? | Yes **[ ]** No  **[ ]**  | Name of the ranger service / site staff you have been in contact with? |  |
| Proposed date of visit |       |
| Cost of transport, eg bus hire  |       | *Please provide us with estimated costs,* *Exclude VAT if you can claim it back* |

If visit is not linked to the Curriculum, please skip to Section 4

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| 1. **CURRICULAR INFORMATION**

What activities will take place? |
| Subject or Topic area to be studied (must have natural / cultural environment link) |  |
| Which particular areas of the Curriculum are you studying, linked to the visit? (Specific CfE contexts and content rather than just broad attainment outcomes) |  |
| What do you expect the students to learn from their visit to the National Park? (*include reference to the National Park)* |  |
| Would you be able to go on this trip without funding support? | Yes **[ ]** No **[ ]** Please comment |

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| 1. **NON-CURRICULUM LINKED VISITS**
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| Please tell us more about your group / clients.(see Applicants section in Guidelines) | *What is the make-up of your group?* *What barriers or disadvantages does your group experience in accessing the National Park?* |
| Please give a general outline of your planned itinerary |  |
| What would you like your group to learn/benefit from their trip to the National Park? |  |
| Would you be able to go on this trip without funding support? | Yes **[ ]** No **[ ]** Please comment |

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| 1. **PAYMENT DETAILS**

Please provide your bank details for payments to be paid direct to your account |
| Bank Sort Code |  | Account Number |  |
| Account Name |  |  |  |

**OR** if you would prefer to be reimbursed **by cheque**, please name the organisation to which the cheque should be made (please note we cannot make payment to individuals).

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| Name of organisation |  |
| Postal address  |  |

1. **SUBMITTING YOUR APPLICATION**

Please send your completed application form:

**By email** to: learning@cairngorms.co.uk

**By post** to: Elspeth Grant, Education & Inclusion Officer, CNPA, 14 The Square, Grantown-on-Spey, PH26 3HG

Confirmation of your application will normally be made by email.

Please remember you must apply for your grant and it must be agreed BEFORE your visit.