

TRAINING MATTERS BURSARY APPLICATION FORM

Individual Details

Name: _____		
Position in Organisation: _____		
Phone No: _____	<input type="checkbox"/>	<i>Please tick preferred method of contact.</i>
Mobile No: _____	<input type="checkbox"/>	
Email: _____	<input type="checkbox"/>	

Organisation Details

Name: _____	
Address: _____ _____	
Post Code _____	Phone No: _____
Fax No _____	Email: _____

Income of Organisation

Please attach proof of income: *(For first time applicants only)*

<i>Examples of this could be:</i>	<ul style="list-style-type: none"> ❖ Annual accounts (annual report) ❖ Companies House information ❖ Charities Commission information <p><i>(This can be found online)</i></p>
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Course Details

Name of Course _____		
Trainer _____	Date _____	<input type="checkbox"/> Please tick if you have booked onto the course with the trainer. <input type="checkbox"/> Please tick if you have informed the trainer that you have applied for a bursary.
Venue _____	Time _____	

Please return this application for to – Lynn Cuthbert, Feel Good Factor,
53 Louis Street, Chapeltown, Leeds, LS7 4BP or
email: office@fgfleeds.org or Fax: 0113 350 4201

Please ensure you send in a deposit of £10 which will be returned to you on the day of attendance, please note we reserve the right to charge this amount for non attendance.