Financial Support for Adult Members' Training & Assessment



Funding Application Form

This form should be submitted to <u>DLV@falkirkscouts.org.uk</u> and <u>Treasurer@falkirkscouts.org.uk</u> at least two weeks prior to the course or at least four months prior to the course in the case of District Trustee Board approval (please see guidance notes).

| First Name | | | Surname | |
|---|-----------|--|---------|--|
| Address | | | | |
| Contact Number | | | | |
| Contact Email | | | | |
| Adult Appointment | | | | |
| Scout Group/Unit | | | | |
| Course Title | | | | |
| Course Date(s) | | | | |
| Total Course Cost | | £ | | |
| Amount Applied For | | £ | | |
| Please describe the benefit which wil result from you receiving the training and/or qualification | | | | |
| Is this a Nation | | al Governing Body (NGB) course? | · | |
| Do yo | ou hold a | Full Adult Appointment? | • | |
| | • | ompleted modules Safety R, 1,3,10A+B,12A,12B,17? | | |
| | | rovide the activity/skill to ge of young people within Falkirk District? | 1 | |
| | | d your intention to attende with your line manager? | | |
| Line Manage | er's Nam | e and Role | | |
| | | | | |

| Signed by applicant | Date: |
|---------------------|-------|
| | |