

TRAINING MATTERS BURSARY APPLICATION FORM

Individual Details

Name _____	
Position in Organisation _____	
Phone No _____	<input type="checkbox"/>
Mobile No _____	<input type="checkbox"/>
Email _____	<input type="checkbox"/>

Please tick preferred method of contact.

Organisation Details

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

Income of Organisation

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

Examples of this could be:

- ❖ Annual accounts (annual report)
- ❖ Companies House information
- ❖ Charities Commission information
(This can be found online)

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@
 Tina Ashby, Voluntary Action Leeds, Stringer House, 34 Lupton Street, Hunslet,
 Leeds, LS10 2WQ

email: training@val.org.uk , Fax: 0113 297 7921