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**Application for Funding**

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| **NAME:** |  |
| **ADDRESS:** |  |
| **DOB:** |  |
| **Training required:** |  |
| **Training provider (if known)** |  |
| **Cost:** |  |
| **Please tell us about the qualifications you already have.**  |
|  |
| **Are you employed?****If yes please give your employers details.**  |
|  |
| **Do you receive any support from agencies? (eg job centre / communities first)****If yes please give details.** |
|  |
| **Please give the details of 2 people who can support your application.** **We may make contact with the references you provide.**  |
|  |  |
| **Please explain your reasons for wanting to complete the training. It will help your application if you refer to:*** Your personal and employment
* Your financial situation
* Your hopes and aspirations having completed the training.

(continue on another page if needed)  |
|  |
| **Please note that upon successful application and completion of training a formal feedback will be required relating to the impact of the grant.** |