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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.** | | |
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| **Please give the details of 2 people who can support your application.**  **We may make contact with the references you provide.** | | |
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| **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.** | | |