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| Carrbridge Children and Young people Recovery Fund application form | | |
| Applicant Information | | |
| Name: | | |
| If under 16 at time of application, please state name of parent or guardian  Name: | | |
| Address: | | |
| Postcode: | Email: | Tel: |
| Outline | | |
| Please give an outline of the activity(s) that you wish to undertake, the numbers and ages of those involved, and outline the benefits to those participants (300 words max) | | |
| Is the training provider recognised and registered as a professional and qualified provider in their field: Yes / No  If yes does the provider have appropriate Child Protection/Safeguarding procedures in place? Yes/No  The Awards Panel may ask for proof of appropriate certification. | | |

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| Cost of Project | | |
| Please outline the costs associated with your project | | |
| Item of expenditure | Supplier | Price |
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|  |  |  |
| Total Costs | |  |
| **FUNDING OF PROJECT** | | |
| Please confirm any other funding you have applied for | | |
| Name/Source of Funding | State if other funding is secured, pending, not yet applied for and when you expect to have the other funds in place | Amount |
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| Total other funding | |  |
|  | |  |
| Total Funding | |  |
| Please explain where any shortfall, if any will come from. | | |
| Signatures | | |
| I have provided the information in good faith and as accurately as possible. I understand that the Awards Panel may ask for further information and that any decision reached by them in respect of this application will be final. | | |
| Signature of applicant: | | Date: |
| Print Name: | |
| Signature of Parent/Guardian (if applicant is between 16 and 18 years at date of application) | | Date: |
| Print Name | |

**This form should be emailed to cyprecoveryfund@carrbridgeahead.com**