

# 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

Total Costs	
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**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

Total other funding	
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Total Funding	
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Please explain where any shortfall, if any will come from.

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**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	