**Pages 1 & 2 should be completed by the applicant and page 3 by the applicant’s employer**

**FULL NAME OF APPLICANT & DATE OF BIRTH**

**HOME ADDRESS OF APPLICANT**

**EMPLOYER'S NAME AND ADDRESS**

**DAYTIME & EVENING TELEPHONE**

**NUMBERS**

**EMAIL ADDRESS**

**PURPOSE OF FUNDING AND AMOUNT**

**REQUIRED TO INCLUDE VAT AND ANY**

**DELIVERY COSTS**

**The maximum amount of funding is £250**

**per application and is likely to be for**

**the purchase of items etc to enable**

**the applicant to fulfil his or her role**

**Items could include tools, clothing and**

**protective footwear plus travel by public**

**transport**

**USE A SEPARATE PIECE OF PAPER IF**

**REQUIRED**

**CONTRIBUTION APPLICANT IS MAKING**

**TOWARDS TOTAL COST**

**IF APPLICATION IS SUCCESSFUL, WHEN**

**ARE FUNDS REQUIRED?**

**HAS/IS ALTERNATIVE FUNDING**

**BEEN/BEING APPLIED FOR? IF SO PLEASE**

**PROVIDE DETAILS**

**HAVE SUCH FUNDS BEEN RECEIVED**

**ALREADY? IF SO, DATE PLEASE**

**COURSE BEING TAKEN: TITLE, DATES ETC**

**TRAINING PROVIDER DETAILS – TO**

**INCLUDE ADDRESS AND KEY CONTACT**

**QUALIFICATION ETC THAT WILL BE**

**ACHIEVED IF APPLICANT IS SUCCESFUL**

**HAVE YOU RECEIVED ANYTHING FROM**

**THIS CHARITY PREVIOUSLY?**

**IF SO WHEN AND HOW MUCH?**

**ANY OTHER ADDITIONAL INFORMATION**

**YOU THINK IS RELEVANT TO THIS**

**APPLICATION**

**Please provide any further information or**

**supporting documentation you think**

**necessary on a separate sheet of paper**

**It is envisaged that in most cases your employer will pay for item(s) and the charity will then reimburse your employer**

**I confirm that to the best of my knowledge the information above is accurate**

**……………………………………………………. ………………………..**

**Signature of Applicant Date**

**CONFIRMATION OF SUPPORT FROM APPLICANT’S EMPLOYER**

**I also confirm that to the best of my knowledge the information above is accurate and I**

**support the application.**

**Additionally I confirm that as the applicant's employer that if the application is successful, I will in the first place pay for the items in the application and provide the charity with the required copy receipts etc for reimbursement by the charity.**

**Please detail below why you support the application.**

**……………………………………………………. ……………………….............**

**Your Name Job Title**

**……………………………………………………. ……………………….............**

**Employer Signature Date**

**……………………………………………………. ……………………….............**

**Employer contact telephone number Employer email address**

**Please provide your employer bank account details so that if successful the monies can be quickly transferred to this bank account.**

………………………............. ………………………........... ......................................................

**Sort Code Account Number Account Name**

**ON COMPLETION PLEASE SEND TO TONY MOORE, CLERK TO THE TRUSTEES, MALMESBURY AREA COMMUNITY TRUST: EMAIL tony.moore49@outlook.com ENQUIRIES ETC TO HIM ON 07973 646869**