

Applicant Information

Name:

Address:

Telephone:

Email:

Name of the community group you are associated with;

If you represent an organisation which works with communities please give us the name of your organisation.

Your position in the group/organisation eg director/trustee/member/employee etc:

Supporting Information

What skills do you have that you wish to pass on to others? Please tell us if you have any previous experience in passing on your skills to others;

What benefits do you think that your participation in this course will bring to;

You personally?

Your community group or groups?

Applicant Declaration

I confirm that all the above information is correct and enclose the course fee of £30 which I understand will be returned if the course is cancelled or I am not accepted as a participant.

Signature of Applicant:

Date:

Supporting Group/Organisation Referee

Please give the contact details of a referee from your group or organisation.

Name of group;

Name of person

Position

Address

Tel No: