**Derbyshire Netball Grant Application Form**

Please complete and return to **treasurer@derbyshirenetball.co.uk**

**Personal Details**

|  |  |
| --- | --- |
| Name: | England Netball Membership Number: |
| Club(s): | Email address: |
| Contact Tel No: | Have you previously applied for funding from Derbyshire Netball? If Yes, please give details. |
| Address |
| Is your club eligible for CAPS? Yes/No: \_\_\_\_\_\_If yes, is your club working to the next level? Yes/No: \_\_\_\_\_\_\_ | Any Current Qualifications in Coaching, Officiating, Tutoring, Mentoring or Assessing?  |

**Netball Activity**

|  |  |
| --- | --- |
| **Give details of your netball activity in:** | **What / Where / Hours spent per month** |
| Coaching  |  |
| Officiating  |  |
| Tutoring/Assessing  |  |
| Volunteering |  |
| Playing |  |

|  |
| --- |
| Other Information to support your application with particular reference to appropriate Continuing Professional Development (CPD) |

**Grant Details**

|  |  |
| --- | --- |
| What course / training / assessment do you wish to attend? It must be from the eligible list mentioned in the Grant Guidelines. | Please give details of the course / training / assessment (Purpose): |
| What is the total cost of the course / training / assessment that you wish to attend? Please give a breakdown of the costs. | £ |
| How much funding are you requesting from Derbyshire Netball? | £[Note: maximum grant of up to 50% of total cost]  |
| Have you applied for funding from another source towards your course/training? | Please give details: |

Signature of Applicant ................................................................................. Date ..........................................

Supported by: (e.g. County Chair, Club Coach L2, NDO)

Role: …………………………………………..……................. Email: ...………………………………………………..

Name: .................................................................................. Club / Organisation: ................................................

Signature: ............................................................................ Tel: ..........................................................................

Date: …………………………………………………………….

**Office use only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date received** |  | **Date acknowledgement sent to applicant by Derbyshire Netball** |  |
| **Date review completed by CMB Sub Committee** |  | **Date response following review sent to Applicant** |  |
| **Amount Approved:** |  |
| **50% of Grant paid to Applicant****(on receipt of invoice for event)** |  | **50% of Grant Paid** **(on completion of training & proof of qualification/training completed)** |  |