



HARROW YOUTH SERVICE

APPLICATION FOR GRANT AID TO AN INDIVIDUAL YEAR 2007-2008

Training Courses For Young People

This application must be received by the Harrow Youth Service **28 Days before the beginning of the course**. Grants will only be made to young people **resident within the Borough of Harrow who are aged 10 – 24 years**. A copy of the course programme **MUST** accompany this form. This should include the course fee and dates. Please ensure all sections have been completed.

Please complete this form in block capitals.

DETAILS OF APPLICANT

Name in full _____

Address _____

_____ Postcode _____

Home Tel _____ Work Tel _____

Date of Birth _____ Age _____

FOR THOSE AT SCHOOL, COLLEGE OR UNIVERSITY

School _____

College/University _____

When do you expect to leave school / college / university _____

Name of course _____ Year of course _____

DETAILS OF COURSE FOR WHICH APPLICATION IS BEING MADE

Title of course / training programme _____

Date from _____ to _____

Organising or sponsoring body _____

Venue of course _____

Course fee (inc residence) _____

Travel expenses _____

If the course is organised during term time have you permission from the Head teacher/Principal to attend?

YES/NO

Reason for wishing to attend the course _____

Were you selected by your youth organisation to attend _____

Have you been accepted for the course _____

Have you received a grant from the Youth Service for training courses in this financial year (April-March) YES/NO

If the answer is YES, please state how many _____

ENDORSEMENT OF YOUTH WORKER (or equivalent)

Please comment on –

Suitability of the applicant for the course _____

Value of course to this applicant _____

Name of Organisation _____

Value of course to your organisation _____

Name _____ Address _____

Telephone _____

Signature _____ Date _____

Position in Youth Organisation _____

I declare that all statements made in this application are true to the best of my knowledge and belief.

Applicants signature _____ Date _____

Please return the completed form to the Harrow Youth Service, Cedars Youth Centre Chicheley Gardens, Harrow Weald HA3 6QH, for the attention of the Voluntary Sector Development Team. Telephone enquiries 0208 424 1710 (24hr answer phone)

HARROW YOUTH SERVICE
TRAINING GRANT FOR INDIVIDUAL
MONITORING FORM

In order to help us monitor our use of grant aid it would be helpful if you would answer the following questions:

Please tick as appropriate.

Male Female

I consider myself to be: -

White UK

Irish

Other

Black African

Caribbean

Other

Asian Bangladeshi

Indian

Pakistani

Chinese

Other

I have the following disability/disabilities
