

APPLICATION FORM

CLUB DEVELOPMENT GRANT



Organisational Details

Name of Club/Group/Organisation:	
Address:	
	Post code:
Email:	Phone:

About Your Project

What is the focus of your proposal? (Tick appropriate box)	
<input type="checkbox"/>	Hosting/organising/co-ordinating coach education course/workshop
<input type="checkbox"/>	Coach mentoring
<input type="checkbox"/>	Coach development project

Please provide:

Course details/project activities:	
Dates:	Number of participants:

Who will be the project beneficiaries? (Tick appropriate box)

<input type="checkbox"/>	Coaches	<input type="checkbox"/>	Other (please provide details)
<input type="checkbox"/>	Whole club		
<input type="checkbox"/>	Partnership of clubs		
<input type="checkbox"/>	CSP		

Please tell us about the difference your project will make to your group and also the people in your local area? (Tick appropriate box)

<input type="checkbox"/>	More opportunities	<input type="checkbox"/>	Developing positive role models
<input type="checkbox"/>	Better quality opportunities	<input type="checkbox"/>	Meets local needs
<input type="checkbox"/>	Better quality coaches	<input type="checkbox"/>	Other (please detail)
<input type="checkbox"/>	Better quality club		
<input type="checkbox"/>	Improve partnership		
<input type="checkbox"/>	Developing local people		

