

APPLICATION FORM

INDIVIDUAL COACHING GRANT



Personal Details				
Name:				
Address:				
			Post code:	
Email:			Phone:	
Are you in receipt of any of the concessions we accept? (Please see guidance notes for details)			Yes	No
If yes, please specify:				
Club/organisation:				
Are you and your club affiliated to NGB?			Yes	No
Is it current?			Yes	No
For monitoring purposes only, please tell us:				
Male/Female:		Do you consider yourself to have a disability?		
Age Group: 16 - 29 yrs	30 - 45 yrs	46 - 59 yrs	Over 60 years	
Ethnic group (if known):				
Course Details				
Course name:		Location:		
Course provider:		Full course cost:		
Dates:		Subsidy received (if any):		
Please note, grant cheques awarded will be made payable to your course provider listed above. If you have already paid for your course, please attach proof of receipt to this application.				
Further Information				
Relevant coaching qualifications (if any):				
Do you receive payment or expenses for your coaching time?			Yes	No
Tell us about your sessions/coaching?				
No of sessions per week:				
Where do you coach? (please tick)				
<input type="checkbox"/>	Club	<input type="checkbox"/>	Leisure/community centre	
<input type="checkbox"/>	Squad	<input type="checkbox"/>	Extracurricular school sport	
Who do you coach?				
<input type="checkbox"/>	Preschool children	<input type="checkbox"/>	Secondary school	
<input type="checkbox"/>	Primary school	<input type="checkbox"/>	Adults	
Which level are your sessions aimed towards?				
<input type="checkbox"/>	Introductory/Beginner	<input type="checkbox"/>	Club	
<input type="checkbox"/>	Recreational	<input type="checkbox"/>	Performance	

Supporting Statement

Please tell us about your experience to date and how this funding will support your development? (**IMPORTANT - please refer to essential criteria in guidance notes**)

I agree to the terms and conditions outlined in the Guidance Notes

Signed:

Date:

This application needs to be supported by any of the following: Regional Development Manager, Active Schools Coordinator, Sports Development Officer or senior coach in your club. Please provide us with contact details for this person.

Name:

Position:

Telephone:

Email:

Please email your completed form to: **The Sports Initiatives Administrator,**
shalliday@liveactive.co.uk

Office use only

Date received:	Decision made	YES		NO	
Grant awarded:	Further info needed	YES		NO	
Processed by:	Date:				



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