



Academy for Community Leadership  
 c/o Northern College  
 Wentworth Castle  
 Stainborough  
 Barnsley  
 S75 3ET  
 Tel. 01226 776031

## APPLICATION: The Academy Bursary Programme

Personal Details -	
Name:	
Telephone no. and email address :	
Home address including postcode:	

I agree to attend training for the full duration of the programme and will keep the Academy informed of progress and the outcome of the training.

Learner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course Details -	
Title of course:	
Training provider:	
Course start date	Course end date
Full cost of course	Amount required from Academy
Level of qualification:	

**Please attach course details to this application.**

Organisation details or referee details (i.e. employer, who you volunteer for, friend/colleague)	
Name:	
Address:	
Contact number:	

Personal reference from friend/colleague (if not working/volunteering for an organisation)

I confirm that the following staff member/volunteer/person has agreed to attend training for the full duration of the programme and will be allowed time from work (where applicable) to attend all the training sessions under the Academy Bursary Placement Programme.

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Organisation Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please briefly describe the work of your organisation and who/what it supports

What sector does your organisation fit into:

Please tick:

Voluntary	<input type="checkbox"/>	Community	<input type="checkbox"/>	Faith	<input type="checkbox"/>	Statutory	<input type="checkbox"/>	Private	<input type="checkbox"/>
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What will be the impact of this training on you, your community and/or your organisation

Please attach evidence of any unsuccessful bursary applications.

**Please return the completed application form to Lisa Lister,  
Bursary Project Officer at the address overleaf.**

Academy Use

**APPROVED**                       **NOT APPROVED**

Signature: \_\_\_\_\_  
**Project Manager**

Date: \_\_\_\_\_

