**Wigan Carers Training Individual Funding**

**Application Form.**

**Reference No:**

**Date approved/not approved**

*(Delete as appropriate)*

Please read the Funding Guidelines before completing the form.

Please complete ALL sections of the form and write or type in black ink.

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| **Part one: Applicants Details** | |
| **Name of individual/ Applicant(s):** | |
| **Address** | |
| **Postcode** |  |
| **Telephone number** |  |
| **Email address** |  |

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| **Title of training & brief outline of proposed learning/development/training opportunity:** | |
| **Anticipated Costs –include evidence of quotes received if appropriate:** (please show breakdown, e.g. room hire, trainer costs etc.) | |
| **Date of submission:** |  |

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| **Part 2: Outline of your caring role and how the learning/ development opportunity will be of benefit to you.** |
| **Please describe your caring role and who you care for.** |
| **How will you benefit from this learning/training opportunity?** |
| **When will the proposed learning/ development take place?**  ***We will expect to see feedback forms from Trainers, including evidence of attendance, qualifications an any certificates obtained.*** |
| **Have you previously had training funded by the Carers Training Fund?**  **Yes:** *please give details:*  **No:** | |

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| **Please give any additional information in support of your application.**  (please continue on a separate sheet if necessary)  Print Name:  Signature:  Date: |

If you have any questions regarding your application

Contact: Wigan and Leigh Carers Centre

3-5 Frederick Street, Hindley, Wigan

Phone: 01942 697 885

Email: Suzanne.wilkinson@wlccarers.com.

*Outcome of Application and reasons of decision made. (To be filled in by Wigan and Leigh carers.)*

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