

Scholarship
Single Application Form

Personal Details			
Name:		Date of Birth:	
Address:		Postcode:	
Tel No.		Mobile No.	
Email Address:			
Sport(s)		Current Club(s)	
Coaching Qualifications (if any)			
Disclosure Checked	Yes/No		
Nomination Details (You must attach a completed nomination form)			
Person Supporting your Application (name and Job position)			
Contact Number and Email			

Clubsport Affiliation	
Clubsport Affiliation(delete appropriate):	Tweeddale/Berwickshire/Roxburgh/Etrick & Lauderdale
Are you or your club a member of the sports council?	Club/Individual
Contact name of person at Club you are a member of to verify Membership/Disclosure?	
Membership application in process:	Yes/No

Course Details			
Title of course(s):			
Venue/Location(s):		Date(s):	
Course Cost(s):			
Additional Costs: <small>E.g. travel, accommodation</small>			
Workshops you wish to attend as part of your Scholarship?			
Coaching Details			
Club/organisation you coach for:			
Coaching hours per week:	Voluntary:	Paid:	
Describe you coaching experience <small>(include: age & ability of participants, Group size)</small>			

How did you hear about this funding: word of mouth/Website/Other:
Signature: _____ Date: _____

Return Completed forms to:
Club Development Officer, Live Borders, St Mary's Mill, Selkirk TD7 5EW

If you would like more information on the Scholarship programme please Contact Greig Shortreed at **01750 700110** or email: gshortreed@liveborders.org.uk

This form **must** be completed by the relevant nomination referee and returned with your individual/group application form.

<u>Nominating Person Details</u>					
Name:					
Position:					
Address:				Postcode:	
Tel No.			Mobile No:		
Email;					
<u>Course Details</u>					
Title	Course Organiser	Venue	Date(s)	Cost (per person)	
<u>Name(s) of Nominated Coach(es)</u>					
(Please make sure the coaches have been disclosure checked before nominating them)					
1.	4	7			
2.	5	8			
3.	6	9			

<u>Coaching Experience</u>	
Please detail the coaching experience of the nominated coach(es)	
<u>Existing qualification</u>	<u>Previous Coaching Experience</u>
Will the coach receive Payment or expense for their coaching time? Yes/No/Partly	

Coaching Delivery

Please state the required information regarding the coaching sessions that coach(es) will be delivering

Location/venues:			
Club/School/programme:			
No. of sessions per week:		Times:	
Participant age:			
Ability of performers:			

Supporting Statement

Please state why you think the coach(es) should be awarded a Scholarship.

Signed _____ Date: _____

Return Completed forms to:

Group Application Form

Group Co-ordinator Details

Name:			
Position:			
Address:		Postcode:	
Tel No:		Mobile No:	
Email Address:			

Course Details

Title	Course Organiser	Venue	Date(s)	Cost (per person)

Clubsport Affiliation

Sports Council Affiliation(delete appropriate):	Tweeddale/Berwickshire/Roxburgh/Etrick & Lauderdale
Is your club a member of the sports council?	Yes/No
Contact name of person at Club to verify Memberships/Disclosures?	
Membership application in process:	Yes/No

<u>Name of Nominated Coaches</u>	<u>Email Address</u>	<u>Nominated Coach Signature</u>

Please make sure coaches have been disclosure checked before nominating them.

Please detail coaching experience of the nominated coaches
(including existing qualification and previous coaching experience)

Please detail the session that coaches will be delivering

Provide information regarding the location, frequency and duration of session and age of participants

Will the coach receive payment or expenses for their coaching time? Yes/No

Signed: _____ **Date:** _____

Return Completed forms to:
Club Development Officer, Live Borders, St Mary's Mill, Selkirk, TD7 5EW