NEW KENDAL BID TRAINING GRANT APPLICATION FORM

**BUSINESS DETAILS**

|  |  |
| --- | --- |
| Name of business: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Contact name: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Website: | Click or tap here to enter text. |
| Type of business:(tick as appropriate) | Private limited company [ ] Public limited company [ ] Registered charity [ ] Sole trader [ ] Not for profit organisation [ ]  |
| Registered company number or charity number | Click or tap here to enter text. |
| Ownership of property(tick as appropriate) | Owner occupier [ ] Tenant or leaseholder occupier [ ]  |

**TRAINING DETAILS**

|  |  |
| --- | --- |
| Details of proposed training  | Click or tap here to enter text. |
| Description of how above training will benefit your business and/or the town | Click or tap here to enter text. |

**DETAILS OF TRAINING COSTS**

|  |  |
| --- | --- |
| What will be the total cost of your training? | Click or tap here to enter text. |
| What amount of grant are you applying for? (Max £300)  | Click or tap here to enter text. |
| Breakdown of training cost, including any transport costs/ receipts: | Click or tap here to enter text. |

**DECLARATION**

I confirm that

* The Training relates to a business which is in the BID zone
* The information included in this application is to the best of my knowledge true, complete and accurate
* I understand that the information provided will be checked and verified
* I have read, understood and agree to the terms and conditions of the training grant
* I am happy to provide written/visual testimony of how this grant has helped your business
* I am happy for you to use my testimony / photographs to help promote this scheme
* I understand that not all grant applications will be successful dependent upon on the number of applications received however BID will try to offer as many grants as possible within their budget constraints. Applications will be awarded competitively based upon the highest benefit to the business and the town.

|  |  |
| --- | --- |
| Signed: | Click or tap here to enter text. |
| Name: | Click or tap here to enter text. |
| Position in organisation: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |

**PLEASE ENCLOSE WITH YOUR APPLICATION**

* Details of Training provider, course details and copies of all receipts

PLEASE RETURN THIS COMPLETED FORM TO MANAGER@KENDALBID.CO.UK

OR POST TO KENDAL BID, ℅ Westmorland Homecare 18 HIGHGATE, KENDAL LA9 4SX