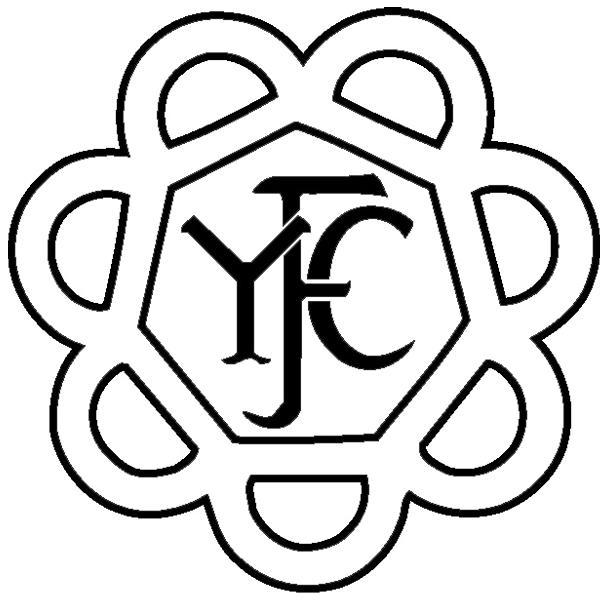
**NORTHAMPTON TOWN & COUNTY FEDERATION OF YOUNG FARMERS' CLUBS**



YFC Office

Moulton College, Lodge Farm

Pitsford Road, Moulton,

Northampton, NN3 7QL

Tel/Fax: 01604 670562

E-mail: kate-everard@btconnect.com

**Training Budget Application Form**

**Please type or print clearly using BLACK INK**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SURNAME:** | | **FIRST NAMES:** | | **AGE:** | | **DATE OF BIRTH:** |
|  | |  | |  | |  |
| **HOME ADDRESS:** | | | | | | |
| **POSTCODE:** | | | | | | |
| **HOME TELEPHONE NO:** | | **MOBILE TELEPHONE NO:** | | **EMAIL:** | | |
|  | |  | |  | | |
| **YFC CLUB:** | | **MEMBERSHIP NO:** | | | | |
|  | |  | | | | |
| **POSITIONS HELD WITHIN YFC IF APPLICABLE (i.e. chairman, secretary etc):** | | | | | | |
|  | | | | | | |
| **PRESENT OCCUPATION (employed, student, other)** | | | | | | |
|  | | | | | | |
| **NAME & ADDRESS OF YOUR EMPLOYER (will not be contacted unless named as referee)** | | | | | | |
|  | | | | | | |
| **PLEASE DETAIL THE TRAINING YOU WOULD LIKE TO UNDERTAKE, THE TRAINING PROVIDER AND THE COST (The agreed proportion of the cost of training will be paid to you upon production of a valid invoice. You are responsible for any costs incurred above the agreed amount.)** | | | | | | |
|  | | | | | | |
| **DATE OF APPLICATION** | **CLOSING DATE OF COURSE APPLICATION**  **(by when do we need to let you know the response to your application)** | | | | **DATE OF COURSE** | |
| **SUPPORTING STATEMENT**  **Your statement should be at least 150 words and should include the following:**   * **Why the training you have detailed above will make a difference to you.** * **Why you are asking for a contribution from Northants YFC.** * **What are your hopes and plans for your future?**   **For handwritten applications, if more space is required, please print clearly on a separate sheet and include with your form.** | | | | | | |
|  | | | | | | |
| **NAME & ADDRESS OF TWO REFEREES (referees could include your Club Leader, teacher, lecturer, employer)** | | | | | | |
| **1. SURNAME:** | | | **FIRST NAME(S):** | | | |
| **HOME ADDRESS:** | | | **POSTCODE:** | | | |
| **HOME TELEPHONE NO:** | | | **MOBILE TELEPHONE NO:** | | | |
| **RELATIONSHIP TO APPLICANT (teacher, employer etc.):** | | |  | | | |
|  | | | | | | |
| **2. SURNAME:** | | | **FIRST NAME(S):** | | | |
| **HOME ADDRESS:** | | | **POSTCODE:** | | | |
| **HOME TELEPHONE NO:** | | | **MOBILE TELEPHONE NO:** | | | |
| **RELATIONSHIP TO APPLICANT (teacher, employer etc.):** | | |  | | | |

**IMPORTANT INFORMATION FOR SUBMITTING YOUR APPLICATION FORM**

* Applications must be sent to Mrs Kate Everard at the YFC Office. Send to:- YFC Office, Moulton College, Lodge Farm, Pitsford Road, Moulton, Northampton, NN3 7QL or [kate-everard@btconnect.com](mailto:kate-everard@btconnect.com)
* Applicants must be fully paid up members of a club in the Northamptonshire Federation. Applications may not be made by associate members.
* Northants YFC will only accept applications signed by the applicant with two referees.
* Applications must be made at least one month before the confirmation of course attendance is required by the course supplier.
* Successful applicants will be notified of the Committee’s decision within one month of making their application.
* The sum received per applicant will be made at the discretion of the Finance Committee – the applicant may not get the full amount that they request. The agreed proportion of the cost of training will be paid to the applicant upon production of a valid invoice. Applicants are responsible for any costs incurred above the agreed amount.
* Successful applicants will be expected to submit a report to Northants YFC detailing the training they have undertaken and how/why it has helped them.
* If the training is not undertaken the monies paid by Northants YFC will have to be reimbursed by the member.
* The committee’s decision is final and no correspondence will be entered into.
* If you need help filling out this form please speak to the Committee members in your club or give Kate Everard a call in the YFC Office on 01604 670562.

|  |  |
| --- | --- |
| **Signed by YFC member (information given in this application is a true & correct record):** | **Date:** |