UCD SPORT CLUB TRAINING SUBSIDY APPLICATION FORM

**About this Form:**

* Deadline for the return of the completed form is October 31 2024.
* It is the club members responsibility to book and pay for the course.
* Please supply evidence of the cost and content of the course with this application.
* A report on the benefits for the club as a result of course attendance and completion must be provided before the final drawdown of the subsidy is made.
* Subsidy payments are made directly to the club, it is the club’s responsibility to reimburse the member.

|  |  |
| --- | --- |
| Name of Club Applying For Subsidy |  |

**Personal Details (of member/s subsidy is being applied for)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Year of Study |  |
| Phone Number |  | Email Address |  |
| Student No. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Year of Study |  |
| Phone Number |  | Email Address |  |
| Student No. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Year of Study |  |
| Phone Number |  | Email Address |  |
| Student No. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Year of Study |  |
| Phone Number |  | Email Address |  |
| Student No. |  |  |  |

**All of the above must be fully paid up members of the club & continue to meet the AUC membership criteria.**

**Details of Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Training Course |  | Awarding Body |  |
| Level of Course |  | Date/s of Course |  |
| Full Cost of Course |  | Is the course a requirement of your NGB?  Yes ◻ No ◻ | |
| What will gaining this qualification enable you to do? | | | |
| Is this qualification required by your NGB? | | | |
| Once awarded the above qualification is there any further membership/qualifications required in order for you to use this qualification in line with your NGB’s policy. | | | |
| How many members of your club currently have this same qualification? | | | |
| Cost of Course Covered by: | Club Member | Club | |

**Commitment To The Club/Community**

|  |
| --- |
| (Please provide specific information on the planned commitment to the club or community as a result of gaining this qualification for each member) |

When will the agreed commitment be completed by? \_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Support Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Details of President/Chairperson of the UCD club that you are a member of, who will endorse this application. | | | |
| President/  Chairperson Signature |  | Phone Number |  |
| Email Address |  |
| (The endorsee must outline below why the club requires the member/s to gain this qualification) | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Details of person within the club, where you will be coaching etc. with, who will confirm successful completion of agreed commitment.** | | | |
| Name |  | Name of Club |  |
| Phone Number |  | Email Address |  |
| Position in the club: | | | |
| **UCD Sport me may contact this person to verify the successful completion of the agreed commitment.** | | | |

I have read and understood the AUCs’ Training Provision Policy.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

* Amount of Agreed Subsidy: €\_\_\_\_\_\_\_
* Receipt of Payment received: \_\_\_\_\_\_\_\_
* Successful Completion of agreed commitment: \_\_\_\_\_\_\_\_
* Date of transfer of subsidy: \_\_\_/\_\_\_/\_\_\_