



HAMILTON SPORTS COUNCIL

COACH EDUCATION GRANTS SCHEME

APPLICATION FORM

Name of Club / Organisation: _____

Name of Secretary: _____

Address: _____

_____ Post Code: _____

Telephone number: _____ (Day) _____ (Evening)

E-Mail Address: _____ Fax No: _____

p Name(s) of Member(s) attending Course:

<i>l</i>	<i>Name</i>	<i>Address</i>
<i>e</i>	_____	_____
<i>a</i>	_____	_____
<i>s</i>	_____	_____
<i>e</i>	_____	_____

<i>d</i>	_____	_____
<i>e</i>	_____	_____
<i>t</i>	_____	_____
<i>a</i>	_____	_____
<i>c</i>	_____	_____
<i>h</i>	_____	_____

Title of Coaching Course: _____

Venue of Course: _____

Date(s) of Course: _____

Qualification which can be achieved: _____

Cost of Course: £ _____

<p><i>Benefits to Club in Members attending the Course:</i></p> <p>_____</p> <p>_____</p>
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What financial contribution can your Club make towards the cost of the Course? £ _____

If financial assistance is available would the individual(s) be able to assist the Sports Council and/or South Lanarkshire Leisure in various coaching initiatives?

YES / NO (Please delete as appropriate)

Has your Club previously received support from South Lanarkshire Council, South Lanarkshire Leisure or from your District Sports Council during the last 24 months?

YES / NO (Please delete as appropriate)

If Yes, please give details of amount, source and Project

Bank Details (of all accounts held by your Club) :

ACCOUNT 1

Name of Bank: _____

Address of Bank: _____

_____ Post Code: _____

Account Number: _____

ACCOUNT 2

Name of Bank: _____

Address of Bank: _____

_____ Post Code: _____

Account Number: _____

Number of Accounts held by Club: _____

Applicant's Signature: _____

Position within Club: _____

Completed application form should be returned to:

**Millar T Stoddart
Community Recreation Manager
South Lanarkshire Leisure Ltd
1st Floor – North Stand
Cadzow Avenue
Hamilton
ML3 0LX**