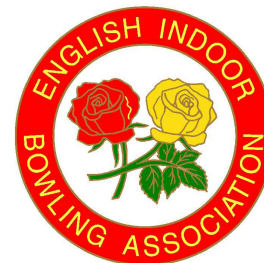


# English Indoor Bowling Association Ltd



David Cornwell House, Bowling Green,  
Leicester Road. Melton Mowbray  
Leicestershire LE13 0FA  
Telephone: 01664 481 900 Fax: 01664 482 888

Website: [www.eiba.co.uk](http://www.eiba.co.uk)

General Enquiries: [enquiries@eiba.co.uk](mailto:enquiries@eiba.co.uk)

## EIBA Safeguarding Bursary Application Form

The English Indoor Bowling Association Ltd has introduced its Safeguarding Bursary to help members of Affiliated Clubs and Counties wishing to attend safeguarding training.

The EIBA will pay 50% of the appropriate course fee for all successful applicant. Payment will be made when the applicant has successfully completed the training and returns this form together with a copy of the invoice and relevant certificate. The Safeguarding Bursary covers 1 Member per Club per year from 1st December - 30th November.

Please complete the form below in full to apply for a EIBA Ltd Safeguarding Bursary. The decision of the EIBA Development Panel on all applications will be final and no correspondence will be entered into.

### Section A: Applicant

**Name:** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email** \_\_\_\_\_

**Telephone No** \_\_\_\_\_

**Club/County** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Details of the Safeguarding Course for which funding is required:

**Venue** \_\_\_\_\_

**Date** \_\_\_\_\_

**FULL cost of the Course**     £ \_\_\_\_\_

**Section B: Club (Club Chairman or Secretary to complete)**

Club \_\_\_\_\_

Affiliated Indoor County Association \_\_\_\_\_

I confirm that the applicant named in Section A is a member of the above Club

Name \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Once sections A and B have been completed please return along with copies of the invoice and certificates in an envelope addressed to: -

EIBA Safeguarding Bursary,  
English Indoor Bowling Association Ltd,  
Bowling Green,  
Melton Mowbray,  
Leicestershire,  
LE13 0FA.

**Section C: EIBA Use Only**

Application approved Yes / No (circle as applicable)

Amount approved \_\_\_\_\_ (if applicable)

Authorised by \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Cheque Number \_\_\_\_\_