**EIBA Bursary Application Form**

**Bursary course for which funding is required, please tick relevant box.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Coach Bowls Level 1** | **Coach Bowls Level 2** | **Play Bowls Activator Module** | **Supporting Inclusion - Including Disabled People in Bowls** | **Safeguarding in Bowls** |

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**.

Full details along with terms and conditions on all the EIBA Bursaries, can be found on our website [www.eiba.co.uk/Guidance/bursary.pdf](http://www.eiba.co.uk/Guidance/bursary.pdf)

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**

**Date of Birth \_\_ / \_\_ / \_\_**

**Telephone No**

**Indoor Club**

**Signature** **Date**

**Current Coaching Accreditation/Qualification and Awarding Body (if applicable)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Course Venue Date**

**Cost of the Course** \_£\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Indoor 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**

**Section C: EIBA Use Only**

**Application approved** Yes / No **(circle as applicable)**

 **Amount approved** (**if applicable)**

**Authorised by**

**Position**

**Date**

**Once sections A and B have been completed please return to:**

**EIBA Bursaries Dept,**

**English Indoor Bowling Association Ltd,**

**Bowling Green,**

**Melton Mowbray,**

**Leicestershire,**

**LE13 0FA.**