# Adult Education Grant Application Form

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| A Personal Details |
| 1. First name: Click here to enter text. 2. Last name: Click here to enter text.  3. Date of birth: Click here to enter text. 4. Age: Click here to enter text.  5. Address:  Click here to enter text.  Click here to enter text.  6. Town: Click here to enter text. 7. Postcode: Click here to enter text.  8. Telephone: Click here to enter text.  9. Email: Click here to enter text. |

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| *For office use only* |
| |  |  |  | | --- | --- | --- | | *Yr 1* | *Yr 2* | *Yr 3* | | £ 0.00 | £ 0.00 | £ 0.00 | |

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| B Quaker connections |
| 10. Name of your local Quaker meeting: Click here to enter text.  11. Name of your area Quaker meeting: Click here to enter text.  12. Please indicate whether you are a  Member  or attender  since: Click here to enter text.  13. Please give examples of your involvement with Quakers in Britain:   |  | | --- | |  | |

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| C Education and Training |
| 14. In chronological order, please list the secondary schools, higher and further education institutions you have attended **(earliest first)**   |  |  |  |  | | --- | --- | --- | --- | | **From** | **To** | **Institution** | **Qualifications obtained** | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |

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| D Work and Other Experience |
| 15. In chronological order, please list details of your employment for the last ten years **(earliest first)**, including voluntary and unpaid activities   |  |  |  | | --- | --- | --- | | From | To | Description of your role | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |   16. Please give brief details of any other experience – particularly if relevant to your proposed course of study.   |  | | --- | |  | |

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| E Proposed Course of Study |
| 17. Title of course   |  | | --- | |  |   18. Institution   |  | | --- | | Click here to enter text. |   19. Duration. From: Click here to enter text. To: Click here to enter text.  20. Full time  Part time  21. Qualification to be gained   |  | | --- | | Click here to enter text. |   22. Have you been accepted? Yes  Conditionally  Unconditionally  No  23. If conditionally, on what conditions?   |  | | --- | | Click here to enter text. |   24. How does your proposed course relate to your Quakerism?   |  | | --- | | Click here to enter text. |   25. How has this concern been tested? (For example, with a recent meeting for clearness, a discussion with an elder/elders, a discussion with a group of Friends.)   |  | | --- | | Click here to enter text. | |

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| F Financial Planning |
| The form will automatically calculate the totals in questions 31, 37 and 38. Simply right-click in the “Total” and “Difference” boxes and select “Update Field”.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | What additional expenses will you incur each year, related to this course?  Please enter actual expenses where known, or estimated ones, for each year. | | |  |  | |  | | |  | **Year 1** | **Year 2** | **Year 3** | | | | | | 26. Course fees  Click here to enter text. | £0 | £0 | £0 | | | | | | 27. Accommodation, rent etc. (please give details)  Click here to enter text. | £0 | £0 | £0 | | | | | | 28. Books, equipment, computer costs (please give details)  Click here to enter text. | £0 | £0 | £0 | | | | | | 29. Travel (please give details)  Click here to enter text. | £0 | £0 | £0 | | | | | | 30. Other expenses arising from the course (please give details)  Click here to enter text. | £0 | £0 | £0 | | | | | | 31. Total annual expenses | £ 0.00 | £ 0.00 | £ 0.00 | | | | | |  |  |  |  | | | | | | Apart from any grant we may award, how are you planning to finance the course each year?  Please enter actual expenses where known, or estimated ones, for each year. | | | |  |  | |  | | 32. Earnings  Click here to enter text. | £0 | £0 | £0 | | | | | | 33. Savings  Click here to enter text. | £0 | £0 | £0 | | | | | | 34. From family  Click here to enter text. | £0 | £0 | £0 | | | | | | 35. Other grants and donations (please give details)  Click here to enter text. | £0 | £0 | £0 | | | | | | 36. Other income (please give details)  Click here to enter text. | £0 | £0 | £0 | | | | | | 37. Total annual income available | £ 0.00 | £ 0.00 | £ 0.00 | | | | | | 38. Difference  **This is the amount of grant you are asking for each year** | £ 0.00 | £ 0.00 | £ 0.00 | | | | | |

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| G Further Information |
| 39. Please explain the evidence for your need for some financial support to enable you to undertake the course and include any other information you think would help the Grants Group in considering your application for an Adult Education grant.   |  | | --- | | Click here to enter text. |   40. How would this course help you to serve society and/or the Religious Society of Friends?   |  | | --- | | Click here to enter text. | |

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| H Referees |
| (Please pass on the reference letters that accompany this form to your referees.)  Please give the names and addresses of two people whom you have authorised and who have agreed to respond to any enquiry that we may make about your character, work or relationship with the Society of Friends. The Quaker reference (1) should ideally be from a role-holder with pastoral care responsibilities within your Area Meeting. The other reference (2) should be from a tutor, employer or someone else who can assess your suitability for and likely success on the course. It is your responsibility to give the reference forms to your referees and to ensure that references arrive before the closing date as applications will not be processed without these and reminders will not be issued.  **Quaker Reference**  41. Name: Click here to enter text. 42. Position: Click here to enter text.  43. Meeting: Click here to enter text.  44. Address:  Click here to enter text.  Click here to enter text.  45. Town: Click here to enter text. 46. Postcode: Click here to enter text.  47. Telephone: Click here to enter text.  48. Email: Click here to enter text.  **Academic Reference**  49. Name: Click here to enter text. 50. Position: Click here to enter text.  51. Organisation: Click here to enter text.  52. Address:  Click here to enter text.  Click here to enter text.  53. Town: Click here to enter text. 54. Postcode: Click here to enter text.  55. Telephone: Click here to enter text.  56. Email: Click here to enter text. |

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| I Personal Data Consent |
| We collect data on this form for the purpose of processing grant applications. We require your consent to this processing.  We will only ask for personal data which is limited and relevant to the administration of the grant. This data will be held securely and will not be shared with any third parties without your notification and further consent. We will not transfer this data outside the EEA.  We will retain this data for a period of six years in compliance with financial best practice under the Limitations Act (1980).  Grant decisions may be minuted by a committee. These minutes will be retained permanently under BYM retention policy for historical purposes. Where minutes contain sensitive personal data they will remain closed to the public for 100 years.  Should you wish to access the data we hold on you, please contact BYM data safety group [datasafety@quaker.org.uk](mailto:datasafety@quaker.org.uk) . The data controller for BYM is Paul Parker, Recording Clerk.  Should you wish to complain about our processing of your data, please contact: [www.ico.org.uk](http://www.ico.org.uk)  Do you actively consent to our processing of the data you have given under the above conditions:  57. Yes  No  Should you wish to withdraw your consent at any time, please contact: [grants@quaker.org.uk](mailto:grants@quaker.org.uk) |

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| J Declaration |
| I am applying for an Adult Education grant. I understand that in putting my name on this form I am providing the equivalent to my signature.  58. Signature:   |  | | --- | | Click here to enter text. |   59. Date.   |  | | --- | | Click here to enter text. | |