|  |  |
| --- | --- |
| **Name:** |  |
| **Address:**  |  |
| **Telephone N­o.:** |  |
| **Email address:** |  |
| **AWGB membership N­o.:** |  |
| **Date of Birth:** **(If under 16 see also page 2)** |  |
| **Branch/Club:** **(if applicable)** |  |

Use the box below to tell us why you want a scholarship and how you think it be of benefit to you. You should also give an indication of your financial status (any information given in this regard will be kept confidential). For Junior Members under 16 please consent form overleaf.

The closing date for applications is 30th June 2024. After this date the Trustees will review the applications and award a number of scholarships. The Trustees’ decision is final.

**Signed**: … … … … … … … … … … … … … **Date**: … … / … … / … … … …

**Data Protection:** The information you provide on this form will be used for dealing with your application. By signing this form you are giving consent for the AWGB to use your data as described in our privacy policy which can be found at www.awgb.co.uk/privacy-policy. Your data will be used and stored in accordance with this policy.

Please return the application form to secretary@awgb.co.uk

**Part 2 – Parental Consent Form**

This form is used when young people under the age of 16 years of age are participating at the AWGB Seminar. It also provides a record that consent has been given (or not) for photographs to be taken and used.

Young person under the age of 16 must be accompanied by a Parent/Guardian/Carer. As part of the Scholarship award the need for a residential attendance by the Parent/Guardian/ Carer will be considered.

|  |  |
| --- | --- |
| **Name of Young Person:** |  |
| **Age of young person:** |  |
| **Name of Parent/ Guardian/ Carer:** |  |
| **Parent/ Guardian/ Carer requests residential attendance:**  |  |

**To be signed by the Parent/Guardian/Carer**

* As the Parent/Guardian/Carer of the young person named above I give consent for him/her\* to take part in the event.
* I understand that the AWGB or its representative(s) may wish to take photographs of him/her during the event.
* I understand that these photographs may be used on social media (including Facebook and Twitter); AWGB publications such as Revolutions and the AWGB website; the press, and other woodturning magazines and publications in perpetuity and that these photos may be seen around the world.

I do/do not\* give my consent to such photographs being taken and used as described.

Signed ……………………………………………… Date……………………………….

**To be signed by the young person**

* I understand that the AWGB or its representative(s) may wish to take photographs of me (*the young person named above*) during the event.
* I understand that these photographs may be used on social media (including Facebook and Twitter); AWGB publications such as Revolutions and the AWGB website; the press, and other woodturning magazines and publications in perpetuity and that these photos may be seen around the world.

I do/do not\* give my consent to such photographs being taken and used as described.

Signed ……………………………………………… Date……………………………….

*\*delete as appropriate*