#### Training Details

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| --- | --- | --- | --- |
| **Name of Trainer:**  |  | **Date of Training:** |  |

**Personal Details**

|  |  |
| --- | --- |
| Name: |  |
| Address : |  |
| Telephone / Mobile No: |  |
| Email address: |  |
| AWGB membership No: |  |
| Date of Birth (If under 21): |  |
| Branch/Club (if applicable): |  |
| Cost of course: |  |

Please use this box to tell us why you want a training grant and how you think it be of benefit to you:

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|  |

**Data Protection:** The information you provide on this form will be used for dealing with your application. We may pass on your contact details to the course provider. By signing this form you are giving consent for the AWGB to use your data as described here and 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.

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

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

Parental consent if under 18