

**OFFICIATING FUNDING APPLICATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Essex Met Netball wishes to support its members by providing course subsidies and mentoring opportunities to help develop Officials and Umpire assessors, mentors and tutors across the County. | | | | | | | | | |
|  | | | | |  |  | |  |  |
| **Contact Details** | | | | |  |  | |  |  |
|  | | | | |  |  | |  |  |
| Surname |  | First Name | | |  | Membership No. | |  | Club |
|  | | | | |  |  | |  |  |
| Address: | | |  |  |  | Daytime telephone:  Evening telephone:  Mobile telephone: | | | |
|  | | | | |  |
|  |
| Postcode: | | | | |  | Email address: |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | |
| ***Umpiring Details*** |  |  |  | |  | | |  | | |  |  | |  |
| What is your current qualification? | | | | | |  | | | | | |  | |  |
| *(Qualifications held & date achieved)* | | | | | |  | | | | | |  | |  |
|  | | | | | |  | | | | | |  | |  |
| Details of umpiring currently being delivered | | | | | |  | | | | | |  | |  |
| *Where are you umpiring (School, Club, Academy, League)?* | | | | | |  | | | | | |  | |  |
| *How many hours per week? etc* | | | | | |  | | | | | |  | |  |
|  | | | | | |  | | | | | |  | |  |
| Which course are you applying for? | | | | | |  | | | | | |  | |  |
| *(Location, date, including date of completion)* | | | | | |  | | | | | |  | |  |
| What is the cost of this course? | | | | | |  | | | | | |  | |  |
| Please outline any contributions being made by your | | | | | |  | | | | | |  | |  |
| club, school or any other partner? | | | | | | | | |  |  | |  | |  |
|  | | | | | | | | |  |  | |  | |  |
| Are you interested in assisting Essex Met in their delivery, eg, working in a school, a club, in the Essex Met Netball | | | | | | | | | | | | |  |  |
| academies or umpiring programmes? | | | | | | | Yes  No | | | | |  | |  |
|  | | | | | |  | | | | | |  | |  |
| *If yes, please detail your preferences* | | | |  | | | | | | | |  | |  |
|  | | | | | | | | | | | | | | |

|  |
| --- |
| TERMS & CONDITIONS |
| * Essex Met Netball members are eligible to apply and must send a **SIGNED** copy of the application form as directed. * Priority will ultimately be given to applicants where the training will have a wider impact than on just the applicant and can contribute to the overall development of Netball in Essex Met. * Awards are likely to be for 25% or 50% of the cost, therefore applications which can identify other sources of funding are encouraged * Applications will be considered by a panel and applicants will be notified in writing within a month. * If awarded the grant, a bank transfer will be made on completion of the course, upon receiving proof of the award or course certificate. Recipients are asked to send confirmation of their award or course certificate. Payment will be made to individuals not clubs. * This scheme is subject to availability of funding and reviewed annually. |

|  |  |  |  |
| --- | --- | --- | --- |
| **AGREEMENT** | | | |
| ***I certify that I will undertake the acknowledgements set out below:***  **1.** The applicant has read, understood and will comply with the guidelines and criteria set out for the Essex Met Netball Grant Scheme.  **2.** All information provided in this application and all information in any supporting documentation is truthful and accurate. The applicant has made full and complete disclosure of all relevant facts relating to the application.  **3.** The applicant undertakes that any grant provided would be used for exactly the purpose set out in this application and for which an award is made. | | | |
| **Signature** |  | **Print Name** |  |
| **Date** |  |
| **Bank details**  **for payment** | **Account Name:**  **Sort Code: Account No:** | | |
| **When this form is completed and signed, please send to: Jane Kelloe, County Officiating Lead, 138 Winston Road, London N16 9LJ**  **or email it to** : **umpiring@essexmet.co.uk** | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| For Office Use | | | | | | | | | | | |
| Received on |  | **Reviewed on** |  | | | **Sent to** |  | **Funding issued on** | |  | |
|  | | | | **Yes** | **No** |  | | | **Yes** | | **No** |
| Is the umpire involved in Essex Met Leagues? | | | |  |  | Grant approved? | | |  | |  |
| Is the applicant able to assist Essex Met Netball with delivery? | | | |  |  | Amount of grant | | | **£** | | |
| Does the applicant have other sources of funding? | | | |  |  |  | | |  | |  |
| Does the applicant belong to a CAPS accredited club? | | | |  |  |  | | |  | |  |
| Signed | | | | Print Name Date | | | | | | | |