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| Dorset ASA Logo | | | | **DORSET COUNTY ASA**  **COUNTY FUNDING 2020-21** | | * Application form for approved CPD courses. * All claims must be in line with DCASA Policy and Operating Procedures. * Invoices and receipts where applicable must be attached. * Certificate(s) of course completion must be submitted before payment. | | |
| **SECTION A: To be completed by Club Secretary** | | | | | | | | |
| **CLUB:** | | | **CLUB SECRETARY:** | | | **Address:**  **Tel:**  **Email:** | | |
| **Signature:** | | |
| Please state the number of prior applications for CPD funding submitted by your club in this financial year (April 1 to March 31): | | | | | | | | |
| **SECTION B: Applicant(s)** | **Membership Number** | | | | **Current role(s) in club** | **Course title** | **Date/Venue** | **Course cost** |
| **NAME (1)** | |  | | |  |  |  |  |
| **NAME (2)** | |  | | |  |  |  |  |
| **NAME (3)** | |  | | |  |  |  |  |
| **NAME (4)** | |  | | |  |  |  |  |
| **NAME (5)** | |  | | |  |  |  |  |
| **NAME (6)** | |  | | |  |  |  |  |
| **NAME (7)** | |  | | |  |  |  |  |
| **NAME (8)** | |  | | |  |  |  |  |
| **ANY CLUB OR INDIVIDUAL FOUND TO BE FALSIFYING INFORMATION OR**  **DECLARING FUNDING FROM ANY OTHER SOURCE WILL NOT BE ELIGIBLE TO APPLY FOR FUNDING THEREAFTER.** | | | | | | | | |
| **Please return the completed form to:** County Secretary, Dorset County ASA, 22 Stibbs Way, Bransgore, Christchurch BH23 8HG or email to [dorsetasa@gmail.com](mailto:dorsetasa@gmail.com) | | | | | | | | |