

**Leap Coach Bursary Application Form**

**1. Personal Details (of the applicant)**

**Forename**:  **Surname**:

**Age**: [ ]  16-20 [ ]  21-29 [ ]  30-49 [ ]  50+ **Gender:** [ ]  Male [ ]  Female

**Ethnicity:**  [ ]  White or White British [ ]  Black or Black British [ ]  Asian or Asian British [ ]  Chinese

[ ]  Mixed [ ]  Other (Please state:      ) [ ]  Prefer not to say

Do you consider yourself to have a disability: [ ]  Yes [ ]  No [ ]  Prefer not to say

If ‘Yes’, please tell us what disability you have:

Employment status: [ ]  Employed [ ]  Unemployed [ ]  Self-employed [ ]  Student [ ]  Retired

If ‘Employed’ or ‘Self-Employed’ how many hours per week do you normally work: [ ]  1-16 [ ]  17-34 [ ]  35+

**2. Contact Details**

Home address:  Postcode:

Home Telephone:  Mobile:  Email address:

Bucks & MK Sport and Activity Partnership

New Century House, Pembroke Road,

Aylesbury, Bucks, HP20 1DB

T. 01296 585215 E. info@leapwithus.org.uk

www.leapwithus.org.uk



**3. Sports Club/Organisation Details (compulsory)**

Name of Club or Organisation:

Address of Club or Organisation:  Postcode:

Individual contact within the club or organization:

Name:       Position:

Telephone:       Mobile:       Email:

**4. Why have you applied and what impact will you have?**

Please tell us why you have applied for the bursary and tell us about how you plan to have an impact within your club, organization and/or community, once you have qualified as a coach. We know the bursary helps financially, but try to be more creative and really consider the impact you could have!

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**5. What will you be delivering in return for the bursary?**

Please use this section to tell us all about the project you will be delivering in return for any bursary money you might be awarded. Please read the guidance notes carefully before completing this part and ensure you fully understand what you are required to do. Remember, your project must be for a minimum of 6 weeks, delivered to 11-25 year olds and be to **new** participants.

Age of participants:  Number of participants (minimum of 12):

Location (inc postcode):

Project start date (DD/MM/YY):  Project end date (DD/MM/YY):

**Main project details**

How have you established a need for your project (i.e. how do you know people want to do it)? (***minimum of 100 words***)

What will the sessions consist of (i.e. what do you plan to deliver, what drills and techniques will be used)? (***minimum of 80 words***)

What will happen after your 6-8 weeks? Do you have any links to clubs or other organisatiosn where the participants can continue taking part in the sport? (***minimum of 200 words***)

Please tell us anything else about your project, describing it in detail and how it meets the criteria of the bursary?

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**Application Checklist (section 4 & 5)**

Sections 4 and 5 are the most important parts of the application, so please use this list to check you have included all of the important information we need you to provide us with. By not including this information, it may jeopardise the success of your application:

**Section 4**

Have you told us about how your club/organisation and local community will benefit from the coach gaining this qualification (e.g. having more coaches to allow the club to grow and offer more sport to the community)? [ ]

**Section 5**

Are your participants aged between 11 and 25? [ ]

Are your sessions going to be delivered outside of curriculum time? [ ]

Have you told us the start and end dates of your project? [ ]

Is your project being delivered over the course of 6-8 consecutive weeks? [ ]

Have you told us about how your project will be delivered (i.e. what will the sessions consist of)? [ ]

Have you told us how this project will benefit the 11 - 25 year olds who are participating in the sessions[ ]

Have you told us how you know these young people want to take part in the project? [ ]

Have you made sure your participants are new to this sport (i.e. they might have taken part in a taster session, but have not properly participated in the sport previous to these sessions)? [ ]

Have you told us about how you plan to keep these participants involved in the sport after the 6-8 weeks’ worth of sessions? [ ]

**Once you have completed this checklist, please complete the rest of the application and sign the declaration at the end before returning it to Leap.**

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**6. Course Details**

Sport:  Course Title:  Level: [ ]  1 [ ]  2 [ ] 3 Full course cost:

Course Venue:

Venue Address (including postcode):

Course start date (DD/MM/YY):  Course end date (DD/MM/YY):

**Amount applying to Leap for: £**

Other funding applied for (please provide details of any additional funding applied for to support the payment of this coaching course): £

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**Declaration**

* I have completed this application to the best of my knowledge and understand that payment of a coach bursary is subject to the success of this application.
* I agree to pay the full cost of the course upfront and understand that if the application is successful, payment will be made by Leap to the club or organisation detailed in the application, once the coach has successfully completed their coaching qualification and delivered a minimum of 6 sessions of coaching to new participants aged 11-25.
* I understand that the above named sports club/organisation will not be able to claim for a bursary for this individual if the individual fails to complete or does not attend their coaching course as agreed.
* I understand that I must provide Leap with reports on the delivery of my activity, as outlined in the ‘Guidance Notes’ and by the deadlines set within these guidelines. Failure to do so will render this application invalid and the bursary will not be awarded.
* I have read the accompanying ‘Guidance Notes’ in full and understand what is required from me if my application is successful.

Please sign below to demonstrate you have read and understand your responsibilities as the coach, and the club or organisation representing the coach.

Sign:       …………………………………. Print:       …………………………………..

Date:       …………………..

(Club or organisation)

Sign:       …………………………………. Print:       …………………………………..

Date:       ……………………

(Coach)

**Please submit all application forms to Gemma Herbert, Project Support Officer at gherbert@leapwithus.org.uk or by post to Leap, Aylesbury Vale District Council, Pembroke Road, Aylesbury, Bucks, HP20 1DB.**

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