

Community Learning Exchange 2019/20

Application Form

**Before completing this form please read the 2019/20 guidance notes.**

**If you wish to discuss your application, please contact** [exchange@scottishcommunityalliance.net](mailto:exchange@scottishcommunityalliance.net) **or call 0131 260 9501.**

# **Applicant organisation details**

Name and address of organisation making the application

|  |  |
| --- | --- |
| Organisation name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Contact name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

# **Details of Planned Activity**

Please give a brief description of what you plan to do with the award, where you plan to visit and why, what outcomes you hope to achieve and how it will benefit your organisation and the community as a whole.

|  |  |  |
| --- | --- | --- |
| **Date of proposed activity** | | Click or tap to enter a date. |
| **Chosen host organisation and why** | | |
| Click or tap here to enter text. | | |
| **I can confirm that the host organisation(s) is community based:** (e.g. charity, social enterprise, community interest company etc) | |  |
| **Three learning outcomes you wish to meet/what you hope to learn during the visit:** Please keep a record of these as they will be required within the evaluation form. | | |
| 1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text. | | |
| **Benefits you hope this learning exchange will bring to:** | | |
| Your Organisation | Click or tap here to enter text. | |
| Your Community | Click or tap here to enter text. | |

# **Costs/details of the activity**

Tell us about who is taking part in the visit and indicate the total costs involved. (If you do not have exact costs, please enter as accurate an estimate as possible)

|  |  |  |
| --- | --- | --- |
| **Number of people planning to attend** | | Click or tap here to enter text. |
| **Number of organisations represented in the visiting party** (if more than one) | | Click or tap here to enter text. |
| **Costs (£)** | | |
| Travel | Click or tap here to enter text. | |
| Accommodation & Subsistence | Click or tap here to enter text. | |
| Host fees | Click or tap here to enter text. | |
| Total | Click or tap here to enter text. | |

# **Declaration**

**I confirm that all the information provided in this application is to the best of my knowledge accurate and correct at the time of writing.**

|  |  |
| --- | --- |
| **Signed** | Click or tap here to enter text. |
| **Position** | Click or tap here to enter text. |
| **On behalf of (organisation)** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |

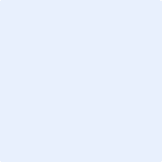
**To be completed by endorsing Scottish Community Alliance network organisation (e.g. DTAS, Senscot, Social Firms Scotland, CRNS) except where the applicant is a Community Council**

I confirm that Click or tap here to enter text. is either a member of our network or associated with our network and as such I can vouch that this application fits the guidelines and criteria agreed for the Community Learning Exchange.

On behalf of Click or tap here to enter text. (SCA network member)

**Signed:** Click or tap here to enter text.

Electronically or paste image below



**Date:** Click or tap to enter a date.