

Community Learning Exchange (Virtual)

**Before completing this form please read the 2020/21 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, how you plan to deliver information and knowledge, the outcomes to be achieved, and how these will benefit community organisations and the communities as a whole.

|  |  |  |
| --- | --- | --- |
| **Start date** | | Click or tap here to enter text. |
| **I can confirm that the participating organisations are community based:** (e.g. charity, social enterprise, community interest company etc) | |  |
| **Three learning outcomes you plan to deliver:** 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:** | | |
| Organisations | Click or tap here to enter text. | |
| Communities | Click or tap here to enter text. | |

# **Costs/details of the activity**

Tell us about who is taking part in the exchange and indicate the total costs involved.

|  |  |  |
| --- | --- | --- |
| **Number of people planning to be involved** | | Click or tap here to enter text. |
| **Number of organisations planning to be involved** | | Click or tap here to enter text. |
| **How many hours at £35 p/h (max 13) and how will they be utilised?** | | |
| Hours for planning at  £35 p/h to a max of 5 hours | Click or tap here to enter text. | |
| Hours for delivery at £35/ p/h to a max of 8 hours | 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.**

**Applicant**

|  |  |
| --- | --- |
| **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. |

**SCA Network**

I confirm the applicant 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 here to enter text.

Please return the completed application form (ideally by email) to: [exchange@scottishcommunityalliance.net](mailto:exchange@scottishcommunityalliance.net).