





## **Active Martial Arts Funding Application Form**

We gratefully ask that all parents/ carers complete the application form to ensure that your instructor and the club are aware of any updates to medical information and contact details prior to any training. If you have any questions regarding this form, please speak directly with your instructor before commencing your application.

PARENT/ CARER FULL NAME:	
PARTICIPANT/ CHILDS FULL NAME:	
ADDRESS:	
TOWN/ CITY:	COUNTY:
POSTCODE:	EMAIL:
MOBILE:	CHILDS DOB:
(PLEASE LIST ANY OTHER INFORMATION ON THIS	FORM WHICH MAY HELP WITH YOUR FUNDING APPLICATION)
	IARTIAL ARTS
FUNDING REQUIREMENTS	TH DEVON
The parent/ carer or student should be on a low income and have no means of being able to fund their training, equipment, or licences fees. We will require proof of your financial earnings/ benefit's.	
	niversal credit form, disability living allowance form, tax of of your financial situation) this application form will only
PLEASE TICK WHICH BOXES ARE REL	EVANT TO YOUR FINANCIAL CIRCUMSTANCES.
receives free school meals On Univ	versal credit or equivalent Disability Living Allowance
SUCCESSFUL APPLICANTS	
	the funding from the Active Martial Arts North Devon to training, equipment, licenses and gradings fees.
SIGNATURE	
accurate and true to the best of my knowledge a	ant, confirm that the details enclosed in this document are and I declare that I am on a low income. If found to be seeking table prosecution and fines may occur
	possible but only have a limited amount of funding. Even e put on a waiting list until we receive further funding.
Please refer to our privacy policy und	ler safeguarding at https://www.unionkaratedo.com
(Office use only) Circumstances Checked	Date Evidence Checked