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| **Bursary Application From** | **Note: only one bursary will apply per candidate per course.** |
| Name: |  |
| Email address: |  |
| Phone Number: |  |
| **Job Role:** | **Tick the appropriate box for your job role** |
| Monitoring Officer |  |
| Deputy Monitoring Officer |  |
| Lawyer |  |
| Democratic Services / Governance Officer |  |
| Job Title: |  |
| Local Authority |  |
| Supporting Statement: Set out clearly how the programme would meet your development needs and support you in your statutory role?  (no more than 500 words |  |
| Supporting Statement: Financial support  Please provide evidence of the need for partial or full financial support to join the programme authorised by your Local Authority Chief Executive. |  |
| Signed Applicant  Job title  Date |  |
| Signed Chief Executive  Date |  |