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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   |   |