



**community
food and health**

(scotland)

www.communityfoodandhealth.org.uk

Application form – Learning Account with Evaluation Support Scotland

1. Your details

Name: Position:

Organisation/group:

Address:

Tel: Email:

2. Please tell us about your group/organisation, your activities and who benefits from your work:

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3. How would a place on the CFHS Learning Account benefit you and your group/organisation? Please also tell us how you will embed your learning within your group/organisations activities.

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4. Please tell us about a specific area of work to which you could apply your learning to (we hope you may be able to use this work as part of your report for how you have used your learning)

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5. How could accessing this training help you to build the self-evaluation capacity of your colleagues and organisation overall?

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6. Do you have any special requirements (access or communication)? Please detail below.

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7. Please detail any travel expenses you would like CFHS to consider contributing towards:

Travel costs: Please provide details of our journey:

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How much will this journey cost?

8. Please let us know you can attend the necessary dates for the training:

I can attend the meeting on 16 November (networking event and 'what are my outcomes?' session):

I have checked the ESS website and can attend the training dates advertised:

9. Signature

Please note, applications must be endorsed by your line manager, or a management committee/steering group member

Applicants signature

Signature of line manager or
committee/steering group member:

Position in organisation:

Email address:

Daytime contact number:

Completed forms should be returned to us strictly by **5 pm Tuesday 26 October** (faxed or email copies will not be accepted). If you would like to discuss this further or ask any questions, please contact Katrina.



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