**Application for funding contribution for an educational course**

Name:

Address:

Tel. No:  Email:

Member of FBKA for years

Registered on BeeBase: **Yes/No**

Year Basic Assessment passed

Other BBKA exams & assessments (inc dates):

Course you would like to attend:

Course date:

Location of course:

Cost of the course**:**

How much contribution from FBKA are you applying for?\_

How will this course benefit your bee keeping:

If FBKA pay for members to attend a course it is expected the member will complete the course in full and then share the knowledge gained with other members of FBKA. Are you prepared to do this? **Yes/No**

How will you share this knowledge, for example an email to members, a blog post to be shared on FBKA website, a small group lecture/activity, a Thursday evening talk?

Other Information to support your application:

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Please return this completed form to:

Carly Hooper

FBKA Training Manager

carly@fleetbeekeepers.com

Approval given: **Yes/No**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_