# Qualifications Bursary Application Form

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| **Name:** | |  | | | |
| **Associate / Full Member (delete as appropriate)** | | | **Membership Number:** | |  |
| **Job Title:** | |  | **Organisation:** |  | |
| **Address:** | |  | | | |
| **Tel:** | |  | **Email:** |  | |
|  | | | | | |
| **1. Briefly outline of the aims and activities of the organisations(s) you work for:** | | | | | |
|  | | | | | |
| **2. Briefly outline of your fundraising role and responsibilities:** | | | | | |
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| **3. Are you the sole fundraiser for your organisation or do you work as part of a team?**  **If part of a team, how many people are there in your fundraising department?** | | | | | |
|  | | | | | |
| **4. Which qualification are you planning to take? Please include the start date\* of the qualification (DDMMYY).** | | | | | |
| **5. Why do want to achieve this qualification?** | | | | | |
|  | | | | | |
| **6. How do you feel this training will benefit the organisation you work for and your career development?** | | | | | |
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| **7. In the last financial year, what was your organisation’s** | | | | | |
| Total Income:  Of which, Voluntary (non-statutory) Income:  Total Expenditure:  Of which, Expenditure on Charitable Activities:  Unrestricted Reserves: | | | £  £  £  £  £ | | |
| **8. Which qualification course do you plan to take?** | | | | | |
| **Dates:** |  | |
| **9. What is the cost of the qualification?** | | | | | |
| Qualification course fee:  Other costs: (please specify below) | | | £  £ | | |
|  | | | | | |
| **10. Have any funds been secured towards the qualification so far and if so, where from?** | | | | | |
|  | | | | | |
| **11. If you work for an Agency or a Charity with a voluntary income of over £2 million, how much funding will your organisation be providing towards the costs?** | | | | | |
|  | | | | | |
| **12. Any further information you would like to add** | | | | | |
|  | | | | | |

I confirm that I am employed as a full-time fundraising professional at a non-profit organisation or spend at least fifty percent of my time fundraising for my non-profit employer. I have reviewed the course handbook and understand the eligibility requirements and time commitment. I understand that only one individual from my organisation can be selected.

Signed by the Applicant’s Line Manager:

Name:

Job Title:

Signed by the Applicant:

Date of application:

*Please send the signed form to the our professional development team via email to:*[*academy@ciof.org.uk*](mailto:academy@ciof.org.uk)