

**Federation of Wholesale Distributors (FWD) - Application for Training Bursary**

*Please read through the application form carefully and ensure that all questions are answered.*

**Personal Details:**

Title

First Name

Surname

Gender

Job Title

Field/Department

Company

Address of Company

Telephone

Email

**Details of course:**

Title

Type of Training

Course Provider

Location (e.g. London)

**Date(s) of course:**

From: (Month/Year) To: (Month/Year)

Cost of course

Bursary amount requested:

£

(Should not exceed £2,500)

Please explain how the proposed training will be of value to your role:

Please explain how the training will enhance your personal development and career aspirations:

**Authorisation for Application**

*Please note that this section of the application needs to be counter-signed by your HR Director/Head of HR prior to submission.*

Please set out how the application for funding meets the aims and objectives of your company’s learning and development strategy/plan:

I support the Bursary Application request as set out above, and agree to provide additional information as requested by the FWD Trustees.

Signed: ­

**(HR Director/ Head of HR)**

Printed: ­­­­

Telephone:

Email:

Date: