

**Mid Ulster District Council Regional & Minority Languages Grant**

(This form is also available in Irish)

Mid Ulster District Council welcomes applications completed in a regional, minority language.

**1. Parent/Guardian’s Contact Details (if applicable)**

Please provide contact details for the parent or the guardian of the applicant.

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| **Name:**  |
| **E-mail address:** | **Phone number:** |

**2. Personal details**

Please provide the applications personal details.

|  |  |
| --- | --- |
| **Name:** | **Male / Female** |
| **Address:** |
| **Postcode:** | **Date of birth:**  |
| **E-mail address:** |

**3. School details (if applicable)**

Please give the details of your school and the name of your Class Teacher with his or her authorising signature.

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| **School name:** |
| **Address:** |
| **Postcode:** | **Class:** |
| **Teacher’s name:** |
| **Teacher’s signature:**  | **Date:** |

**4. Course details**

Please give details of the course for which you are seeking a Mid Ulster District Council Regional & Minority Languages Grant

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| **Course name:** |
| **Address:** |
| **Course code (incl. dates):** | **Total cost of course:** |
| **Contact details for course:** |

**5. Course Benefits**

Please describe how the course will help develop your language skills.

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**6. Criteria**

Please confirm, by ticking each section, that you meet the criteria for the award of a Mid Ulster District Council Regional & Minority Languages Grant

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| --- | --- |
| I am resident in the Mid Ulster District Council area |  |
| I am registered to attend a course to improve my regional minority language skills. |  |
| I do not have a scholarship from public funds to attend the course (eg DCAL bursary) |  |
| I intend to complete the course by staying for its full duration and will provide proof of full attendance and payment of course fees |  |

**7. Declaration**

I confirm that the information I have provided is true and accurate to the best of my knowledge

|  |  |
| --- | --- |
| **Applicant’s Signature:** | **Date:** |
| **Parent’s Signature (if applicable)** | **Date:** |

**Your information**

Mid Ulster District Council collects personal information when you apply to us for services. We will only use this information to provide the services requested.

**Your declaration**

I understand the following:

You will use the information I have provided to process my application for a Regional Minority Languages Bursary.

You may check some of the information with other sources within the council, other councils and government departments, eg the Department of Communities.

You may also get information about me from certain other organisations, or give information about me to them to make sure the information is accurate and protect public funds. These other organisations include government departments and other local authorities.

I declare that the information I have given on this form is correct and complete.

Signature of the person applying:

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Date:

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**SUPPLIER BACS DETAILS FORM**

**SUPPLIER MUST COMPLETE SECTIONS 1, 2, 3 & 4 AND RETURN AS DIRECTED**

|  |  |
| --- | --- |
| **SECTION 1** |  **SUPPLIER CONTACT SECTION** |
| **Supplier Name (in full)** |  |
| **Supplier’s legal status** **(select one or more as appropriate)**  | SoleTrader | Partnership | LimitedCompany | Charity | Other |
| **Contact Name** |  |
| **Position Held** |  |
| **Supplier Address** |  |
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| **Postcode** |  |
| **Telephone/Mobile Number** |  |
| **Email Address for** **BACS Remittance** |  |
| **SECTION 2** | **BANK DETAIL SECTION** |
| **Supplier’s Bank/Building Society** |  |
| **Branch Name****Address****Post Code** |  |
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| **Account Name** |  |
| **Account Number** |  |  |  |  |  |  |  |  |  |  |
| **Sort Code** |  |  |  |  |  |  |  |  |  |  |
| **IBAN Code** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SWIFT-BIC Code** |  |  |  |  |  |  |  |  |  |  |  |
| **SECTION 3** | **VAT, CIS, etc. DETAILS** |
| **Supplier’s VAT Number (if applicable)** |  |
| **Supplier’s UTR Number (or other tax reference)** |  |
| **Supplier’s N.I. No. or Company Reg. No. (if applicable)** |  |
| **SECTION 4** |  **SUPPLIER AUTHORISATION SECTION** |
| **Signature** |  |
| **Position held** |  |
| **Date** |  |

**NEXT SECTION IS FOR OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **INPUT BY** |  | **DATE** |  |
| **CHECKED BY** |  | **DATE** |  |
| **SUPPLIER REFERENCE ALLOCATED** |  |