Aberdeenshire Logo
**Environment and Infrastructure Services**

Privacy Notice **- FOR KINCARDINESHIRE EDUCATIONAL TRUST**

**THIS FORM MUST BE SIGNED AND RETURNED WITH ATTACHED APPLICATION FORM**

The Data Controller of the information being collected is Aberdeenshire Council.

The Data Protection Officer can be contacted at Town House, 34 Low Street, Banff, AB45 1AY.

Email: [dataprotection@aberdeenshire.gov.uk](mailto:dataprotection@aberdeenshire.gov.uk)

**Your information is being collected to use for the following purposes:**

* The processing of your application for an Educational Grant
* The determination of your application for an Educational Grant
* The award of any Educational Grant approved

**Your information is being collected by Aberdeenshire Council**

The Legal Basis for collecting the information is:

|  |  |
| --- | --- |
| **Personal Data** | **Special categories of personal data** |
| Consent | The data subject has given explicit ***consent*** to the processing |

**Where the Legal Basis for processing is either Performance of a Contract or Legal Obligation,**

**please note the following consequences of failure to provide the information:**

|  |
| --- |
| Not Applicable |

**Your information will be shared with the following recipients or categories of recipient:**

|  |
| --- |
| External Auditors |

**Your information will be transferred to or stored in the following countries and the following safeguards are in place:**

|  |
| --- |
| Not Applicable |

**The retention period for the data is:**

|  |
| --- |
| 7 years |

**The following automated decision-making, including profiling, will be undertaken**:

|  |
| --- |
| Not applicable |

Please note that you have the following rights:

* to withdraw consent at any time, where the Legal Basis specified above is Consent;
* to lodge a complaint with the Information Commissioner’s Office (after raising the issue with the Data Protection Officer first);
* to request access to your personal data;
* to data portability, where the legal basis specified above is:

(i) Consent

* to request rectification or erasure of your personal data, as so far as the legislation permits.

I understand that I have the right to withdraw this consent at any time by contacting

[trusts@aberdeenshire.gov.uk](mailto:trusts@aberdeenshire.gov.uk)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date Signature

|  |
| --- |
| **PLEASE SEND BOTH THE SIGNED PRIVACY NOTICE AND SIGNED APPLICATION FORM, TOGETHER WITH YOUR DOCUMENTATION (DO NOT SEND ORIGINAL DOCUMENTATION) TO THE FOLLOWING ADDRESS: -**  **TO: KINCARDINE AND MEARNS AREA OFFICE, VIEWMOUNT, ARDUTHIE ROAD, STONEHAVEN AB39 2DQ OR EMAIL: KINCARDINEANDMEARNS@ABERDEENSHIRE.GOV.UK** |

Aberdeenshire Logo**Environment and Infrastructure Services**

**KINCARDINESHIRE EDUCATIONAL TRUST – SECTIONS 33 & 34**

**APPLICATION FOR GRANT AID FOR SPORTS FACILITIES/SUPPORT OF CLUBS**

|  |  |  |  |
| --- | --- | --- | --- |
| SECTION 1 – Type of Grant you are applying for | | | |
| State the relevant Grant you are applying for |  | Section 33 - Sports Facilities  Section 34 - Support of Clubs |  |
| SECTION 2 - Details of Sports Facility/Club | | | |

|  |  |  |
| --- | --- | --- |
| Name of applicant body |  |  |

|  |  |  |
| --- | --- | --- |
| Address of applicant body |  |  |

|  |  |  |
| --- | --- | --- |
| Date of formation of body |  |  |

|  |  |  |
| --- | --- | --- |
| **Name and address of Officers of the applicant body** | | |
| Chairman/leader |  |  |
| Treasurer |  |  |
| Secretary |  |  |
| Email address for correspondence |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Membership (current Year)** |  | **Number** | **Subscription Rates** |
| Members - Under 18 years |  |  | £ |
| Members - over 18 years |  |  | £ |

|  |  |  |
| --- | --- | --- |
| Meeting place |  |  |

|  |  |  |
| --- | --- | --- |
| Rental Paid (if applicable) |  | £ |

# SECTION 3 - Activities

|  |
| --- |
| **3A - Give details of activities for the current year, with numbers participating in each.**  **Please use a separate sheet if necessary** |
|  |

|  |
| --- |
| **3B - Give details of the educational activities for which the grant is being requested, with an**  **estimated cost of each item. Please use a separate sheet if necessary**  **Please note- Copies of invoices will be required if grant is awarded** |

|  |  |  |
| --- | --- | --- |
| **Educational Activities** |  | Cost |
|  |  |  |
|  |  |  |
|  |  |  |

# SECTION 4 - Funding

|  |  |  |
| --- | --- | --- |
| **In respect of the proposals detailed in Section 3B above, please state** | | |
| The contribution to be made by the applicant body |  | £ |
| The amount of assistance to be received  from other sources |  | £ |

|  |  |  |
| --- | --- | --- |
| **If the applicant body has previously been awarded a grant by the Educational Trust, please state:** | | |
| The year in which last grant was made |  |  |
| Amount of grant awarded |  |  |
| Details of how the grant was used |  |  |

# SECTION 5 - Declaration

I declare that, to the best of my knowledge, all the information which I have given in connection with this application is full and correct in every respect. I undertake to supply any additional information which may be required by Kincardineshire Educational Trust section, to verify the particulars given and also to inform Kincardineshire Educational Trust immediately of any alteration in theses particulars.

I understand the giving of false information or withholding of relevant information may lead to the termination of any Grant award and to the recovery of any amounts paid.

**Signature on behalf of applicant body**

**Name in Capitals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Please complete this application form and return along with the following:**  **(a) a copy of the accounts of the applicant body for the last complete financial year**  **(b) an estimate of income and expenditure for the current financial year**  **(c) Signed privacy notice**  **To: Kincardine and Mearns Area Office, Viewmount, Arduthie Road, Stonehaven AB39 2DQ OR Email: kincardineandmearns@aberdeenshire.gov.uk** |