# Privacy Notice - FOR KINCARDINESHIRE EDUCATIONAL TRUST

Special categories of personal data

#### 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

### 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** 

Consent	processing	
	ssing is either Performance of a Contract or Legal Obligation, quences of failure to provide the information:	
Not Applicable		
Your information will be shared v	with the following recipients or categories of recipient:	
External Auditors		
Your information will be transfer in place:	red to or stored in the following countries and the following saf	feguards ar
Not Applicable		
The retention period for the data	is:	
7 years		
The following automated decisio	n-making, including profiling, will be undertaken:	
		_

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

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



# 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	Section 33 - Sp		
for	Section 34 - Su	pport of Clubs	
SECTION 2 - Details of Sports Faci	lity/Club		
Name of applicant body			
Address of applicant body			
Date of formation of body			
Name and address of Officers of the appli	cant 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

estimated cost of each item. Pleas	e us		
Please note- Copies of invoices w	ill be	required if grant is awarded	
Educational Activities		Cost	
SECTION 4 - Funding			
In respect of the proposals detailed in S	Socti	on 3B above please state	
The contribution to be made by the	Secti		
applicant body		£	
The amount of assistance to be received from other sources		£	
If the applicant body has previously be state:	en av	warded a grant by the Educational Trust, please	
The year in which last grant was made			
Amount of grant awarded			
Details of how the grant was used			
OFOTION F. Dealaration			
SECTION 5 - Declaration			
		ge, all the information which I have given in c ect. I undertake to supply any additional informa	
required by Kincardineshire Educatio	nal <sup>-</sup>	Trust section, to verify the particulars given a tely of any alteration in theses particulars.	and also to inform
required by Kincardineshire Educatio Kincardineshire Educational Trust imm I understand the giving of false information	nal <sup>-</sup> edia ation	tely of any alteration in theses particulars.  or withholding of relevant information may lead	
required by Kincardineshire Educatio Kincardineshire Educational Trust imm I understand the giving of false information of any Grant award and to the recovery	nal deciration of a	tely of any alteration in theses particulars.  or withholding of relevant information may lead	
required by Kincardineshire Educatio Kincardineshire Educational Trust imm I understand the giving of false information of any Grant award and to the recovery Signature on behalf of applicant body	nal dedianation	tely of any alteration in theses particulars.  or withholding of relevant information may lead any amounts paid.	

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