



Association of British Members of the Swiss Alpine Club

PERSONAL DEVELOPMENT OPPORTUNITY FINANCIAL ASSISTANCE REQUEST FORM

Complete this form and submit it at least one month prior to the personal development opportunity.

Forename

Surname

ABMSAC membership number

Contact email address and telephone number

Personal development opportunity

Training provider name and address

Full cost of the personal development opportunity

Insurance provider

ABMSAC meets attended during the previous 12 months

I agree to ensure that the full costs associated with the personal development opportunity will be met. I will attend three ABMSAC meets in the year following the personal development opportunity. I will create a short article for the annual ABMSAC journal about the personal development opportunity and forward it to the journal editor in time for in year publication. I understand that I can only apply for one personal development opportunity per calendar year.

Date:

Signature:

Once fully complete please forward to: Heather Eddowes heathereddowes@hotmail.co.uk

Official use only

Approved. Yes / No