



Wells Harbour Maritime Trust

The Trust is a charity registered in England and Wales No. 1136392

Application Form for a Grant from the Trust

I wish to apply for financial support from the Wells Harbour Maritime Trust (WHMT).

Name.....

Address.....

.....Postcode.....

Telephone.....E-Mail.....

Date of Birth.....Gender.....

Please state in the box below why you wish to apply for support from the WHMT and the amount of support for which you are applying.

Purpose

Either: £.....The cost of a two-day sailing course (paid directly by the WHMT to the sailing school)

Or: £..... The cost of a swimming course (paid directly by the WHMT to the swim school and number of sessions at discretion of the Trustees)

Or: £.....for a training course or passage with a sail training agency (paid directly by the WHMT to the training agency)

Contact details for the training agency:-

Name.....

Address.....

.....Postcode.....

Telephone.....E-mail.....

Note : Amounts awarded will be at the discretion of the Trustees

Declaration by Applicant

I acknowledge that all maritime/sailing/swimming activities have an element of risk.
In that respect I will:-

1. Conform at all times to the regulations and requirements of the sailing school or the sail training agency or the training agency.
2. Enter into the activity with enthusiasm and commitment.
3. Inform the WHMT of any circumstances which might affect my full participation in the course.
4. I understand that, if the WHMT books me on a course from which I withdraw without good reason, if the cost of the course cannot be recovered by the WHMT, I am liable to repay that cost to the WHMT.
5. After the course, I agree to provide feedback from the course online at <http://www.portofwells.co.uk/contact> or in writing to WHMT at Old Lifeboat House, West Quay, Wells-next-the-sea NR23 1AT

I confirm that (for courses at sea) I am a competent swimmer. Please give details on how you rate yourself as a competent swimmer (e.g. swimming certificate, life-saving certificate, recent swimming competence):-

For Sailing courses, please state in the box below all previous experience of sailing (if any) and any sailing courses previously undertaken with qualifications and dates.

Signature of applicant.....

Date

Medical information of applicant

Please state in the box below details of any/all medical conditions, medical history and allergies:

Declaration by Parent or Guardian *(Required for all applicants under the age of 18)*

- I agree that my child/ward can participate in the sailing/maritime/swimming programme or training course
- I am aware that sailing/maritime/swimming activities carry an element of risk and, in the event of an accident, I will not hold the Trustees of the charity or any of their agents responsible
- I agree that photographs can be taken of my child during the activities and used for advertising and promotional material by the Trust.

Your name.....

Signature.....

Date.....

Relationship to applicant.....