SAFER ROUTES TO SCHOOL APPLICATION FORM



This application form is available in electronic format by emailing road.safety@highland.gov.uk

Applications should be submitted to:

Road Safety Team
The Highland Council, Glenurquhart Road, Inverness, IV3 5NX

CONTACT INFORMATION		
School:		
Project Co-ordinator:		
Contact Name:		
Contact Telephone Number:		
Have you attached a copy of your School Travel Plan (please tick)	Yes 🗖	No 🗖
PROJECT OUTLINE AND OBJETI	VES	

HAVE YOU INVO	LVED THE FO	LLOWING? (please	e tick)		
Road Safety Team Police Area Roads Area Education Community Council	Yes □ No		es (please specify)		
LINKS WITH OT	HER INITIAT	IVES			
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PROJECT COSTS	AND DDIODI	TTEC			_
PROJECT COSTS	AND PRIORI	1123	Overall Cost		
			Match Funding		
	Total Fu	ınding Sought fron	n 'Safer Routes'		
Priorities				Cost	
				£	
_				£	
				£	
				£	
				£	
6				£	/
FOR OFFICE USE					
Reference No:		Acknowledged:	Alloc	ation:	
Date Received:		Decision:	Not	tified:	\neg