

Application for Resource

If you'd like to request assistance from the CICSP's skills pool, please complete this form and email it to applications@cicsp.org.uk.

Organisa	tion	det	tail	S
Please provide	us wit	h voi	ır oı	'n

Organisation details	
Please provide us with your organis	sation's basic details.
Organisation name	
Organisation address	
_	
Organisation website	
3	
Nature of the organisa	ation
_	ation you are (e.g. registered charity, registered not-for-profit, club/society; give as
	egistration numbers where appropriate.
Individual/contact det	ails
	of the person we should use as our primary contact.
Primary contact name	The person we should use us our primary contact.
Primary contact email	
Primary contact phone	
Filliary Contact phone	
Paguirament	
Requirement	
Please give a brief summary of the	type(s) of service you'd like to request from the skills pool.
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Justification	
Please explain why you're requesting	ng the service from the CICSP's skills pool rather than engaging with a commercial
supplier of services.	