**NADA Online Training Grants Program**

### **Application Form**

All boxes must be ticked to be eligible for the grants program.

Incomplete applications will not be accepted.

#### Eligibility checklist

[ ]  My organisation/service is a current financial member of NADA

[ ]  The course I’ve selected directly improves client and/or service delivery outcomes

[ ]  My manager has endorsed my attendance at this training

[ ]  The course I’ve selected is available online

#### Grant allocation limitations

[ ]  Only one individual/group training grant application is being lodged

[ ]  The training is not part of induction or core training requirements at the service

(e.g. fire warden, first aid, WHS)

[ ]  The training is being provided by a trainer external to the organisation

#### Applicant details

*Please print clearly and legibly.*

|  |  |
| --- | --- |
| Service/program name | Click here to enter text. |
| Organisation name | Click here to enter text. |
| Applicant name | Click here to enter text. |
| Position title | Click here to enter text. |
| Years in position | Click here to enter text. | Full time/part time/ casual | Click here to enter text. |
| Email address | Click here to enter text. |
| Phone number | Click here to enter text. |
| Manager’s name | Click here to enter text. |
| Manager’s title | Click here to enter text. |
| Manager’s email address | Click here to enter text. |

#### Training program detail

|  |  |
| --- | --- |
| Course/module name | Click here to enter text. |
| Training provider | Click here to enter text. |
| Training date(s)/duration | Click here to enter text. |
| Training format (e.g. webinar workshop, e-module etc)  | Click here to enter text. |
| Number of participants (group training only) | Click here to enter text. |
| Have you registered to attend the training? (if no, please state why) |
| Click here to enter text. |
| Have you included a course description of the training? (if no, please state why) |
| *Please attach a copy of the course description with your application*Click here to enter text. |
| How does this course relate to you/your organisation’s current role? |
| Click here to enter text. |
| How will you/your organisation’s learnings from the course improve client/service delivery outcomes? |
| Click here to enter text. |
| How will you share your learning with your colleagues/your organisation share their learnings more broadly? |
| Click here to enter text. |

#### Funding sought

*Please refer to the* [*Eligibility and Application Guidelines*](https://www.nada.org.au/about/what-we-do/grants-subsidies/) *for maximum allowances.*

|  |  |
| --- | --- |
| Application type | [ ]  Individual[ ]  Group |

|  |
| --- |
| **Individual training grant**  |
| Cost item | Costs (please note the GST exclusive figure) |
| Total expenses | **Funding sought from NADA** | Contributions by organisation/self/other |
| Training course | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**The maximum reimbursement covering course fees only is $450 (ex GST)**

|  |
| --- |
| **Group training grant** |
| Cost item | Costs (please note the GST exclusive figure) |
| Total expenses | **Funding sought from NADA** | Contributions by organisation/self/other |
| Training course(inc consultant fees) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Trainer travel/accommodationMethod of travel: Click here | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Trainer meal allowances/otherDetails: Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Totals | Click here to enter text.  | Click here to enter text. | Click here to enter text. |

**Total funding sought from NADA for online group training grants may not exceed $4000 (ex GST)**

#### Agreement and Endorsement

Grants applicants must meet all application criteria (refer to the NADA Online Training Grants Eligibility and Application Guidelines) including endorsement from their manager to attend the training.

**If submitting the application form via email, you must CC in the manager noted on the application form.**

**To be completed by the applicant**

[ ]  I have read and understood the eligibility and application information.

|  |  |
| --- | --- |
| Signature |  |
| Applicant name | Click here to enter text. |
| Date | Click here to enter text. |

**To be completed by the applicant’s manager**

[ ]  I support this application as detailed above.

|  |  |
| --- | --- |
| Signature |  |
| Manager’s name | Click here to enter text. |
| Date | Click here to enter text. |

Submit your application to traininggrants@nada.org.au.

If you do not receive confirmation of receipt of your application within five working days,

please email us as above or call 0412 730 413.