**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/accommodation  Method of travel: Click here | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Trainer meal allowances/other  Details: 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](mailto: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.