



OFFICE USE ONLY		
Organisation Number	Date	Initials
Application Rec'd		
Acknowledgment Sent		
Application Checked		
More information Requested		
Approved		
Approval emailed		

TRAINING AND WORKFORCE DEVELOPMENT FUND APPLICATION

Applicants Full Name _____

Organisation: _____

Postal Address: _____

Telephone: _____ Email: _____

Position held in Organisation: _____

Your Organisation's MSD Contract Number: _____

1. ELIGIBILITY CRITERIA

Please tick the criteria below that apply to you:

- Permanent staff member
- Paid Staff Member:
 - Full-time (30+ hours per week)
 - Part-time (15-29 hours per week)
 - Fixed term contract (minimum 12 months, in first 3 months of contract?)
- The course is **not** subsidised or funded from another source.
- Have you applied for funding previously? If so, please supply the details.

NB You may be asked to provide evidence that you meet the eligibility criteria.

2. COURSE DETAILS

In this section please provide details about the training course you wish to undertake. Please provide evidence about the course, e.g. a prospectus, quote, official course outline or similar, which includes information about the course fee.

2.1 Name of Course provider:

Name of Course	Papers to be undertaken (if applicable)	Start Date	Course Fee GST incl
	1.		\$
	2.		\$
	3.		\$
	4.		\$
	5.		\$
	6.		\$
TOTAL APPLIED FOR			\$

2.2 Completion Date:

2.3 Where is the course being held?

2.3 Will the course result in NZQA credits?

Yes

No

3. This application includes:

An attachment with course information including fees

3.1 How will undertaking this course benefit your work?

3.2 How will undertaking this course help your organisation develop in line with the intentions of the NZ Disability Strategy and the principles of Enabling Good Lives?

4. DECLARATION

I declare that all the information provided is true and correct to the best of my knowledge.

Signature of applicant: _____

Name of Manager: _____

Managers email address: _____

Signature of Manager: _____

NB If the applicant is the General Manager, please ensure that your Board Chair signs here.

Date: _____

5. TO BE COMPLETED BY THE APPLICANT'S EMPLOYER

5.1 How do you intend to support the applicant to undertake the course?

- Allow study time
- Allow time to attend classes
- Providing accommodation and travel costs if applicable.

Name: _____

Signature: _____

Please return this application to:

NZDSN, email to nicky@nzdsn.org.nz or post to PO Box 2653, Wellington