

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.**

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

**NB Grants provided from the fund will not exceed \$4,500 per person (GST inclusive)**

## 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 the participant's training contribute to, or improve their understanding of, and their organisation's delivery of, Enabling Good Lives? Please describe this in terms of the EGL benefit to the client, to themselves, and the enhanced EGL implementation for the organisation.

#### 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 [contact@nzdsn.org.nz](mailto:contact@nzdsn.org.nz)