# Learn Local 2014 Training Delivery Support Grant

# Application Form

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| Section 1 – Contact Information | Fields marked (\*) are mandatory |
| Part A: Applicant Organisation details |
| \* Name of Organisation: |       |
| \*TOID |       |
| \* Main Street Address: |       |
| \* Town / Suburb: |       | \* Postcode: |      | \* State: |       |
| Authorised person (This is the person who is authorised by the organisation to make the application on their behalf) |
| \* Title: |       | \* First name: |       | \* Last name: |       |
| \* Position: |       |
| \* Telephone: |       | Mobile: |       | Fax: |       |
| \* Email: |       |
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| **Section 2 – Items/services to be purchased using the grant** |
| **Resources (eg. PC, digital recorder, etc)(Include number of each being purchased)** | **Brand /Type** | **Quoted Price (including GST)** |
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|  |  |  |
| **Total** |  |

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| How will purchase of these resources support the needs of learners in your organisation? Please focus particularly on learners facing barriers to participation and attainment. (50 Words Maximum) |
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| Declaration |
| I state that to the best of my knowledge the information in this application is true and correct. I agree to expend the funds allocated only on the items listed and for the uses specified in Section 2 above. I will keep on file all original receipts and proof of purchase and provide them to the funding body upon request.I further declare that I hold the delegated authority to submit applications on behalf of the organisation named in Section 1 of this document. |
| \* Signature: |  | \* Date: |       |
| \* Print name: |       | \* Position: |       |
| \* Witness Name: |  | \* Witness Signature |  |
| (To be signed by a person in the organisation with relevant delegated authority ) |