2024 Education Training Application

Form Preview

Training Education Application

* indicates a required field

Information for applicants

Before completing this application form, please ensure you have read the WYCBT Grant Guidelines & Information document. The document provides details regarding the required eligibility criteria.

WYCBT Grant Guidelines & Information

The funding application is for the following:

- vocational training to assist people in improving the range of skills they can offer to potential employers and upskilling to assist with self-employment,
- training must be completed via TAFE or Registered Training Organisation, and
- maximum of \$5,000 per student per calendar year.

Please answer all questions, as incomplete applications will be delayed and cannot be assessed.

If you have any queries about the grant application, please contact the WYCBT Grant Admin Officer on 0499 992 865 or email admin@wycbt.org.au.

Confirmation of Eligibility

As the Applicant, I confirm that:

- I have read and understood the WYCBT Grant Guidelines & Information document, and
- The student is a member of one of the Aboriginal groups;
- I have acquitted any previous funding assistance from WYCBT through a Grant Progress Report/ Evaluation Report if requested.

i conπrm that all				
statements above are				
true and correct *				

□ Yes

You must confirm that all statements above are true and correct before continuing.

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles (APPs)</u> as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.*

Applicant Details

* indicates a required field

Are you applying on behalf of a minor?** O Yes O No If not, you as the Applicant, are the student for the purpose of this application.						
What is you O Parent O Guardia		ship to th	e student/	s you are app	olying for?	
Applican	t Details					
To be comp	oleted by a p	arent / gua	ardian / care	r if the student	t is under 18 years	old.
	s Full Nam irst Name	e * Last N	lame			
Applicant' Address	s Address	*				
Applicant'	s Email *					
Applicant'	s Phone N	umber *				
Must be an A	Australian pho	ne number.				
Applicant'	s Date of b	oirth *				
Must be a da	ate.					
Student	Details					
If the stude	nt is under	18 years, e	nter their de	etails below.		
Student n First Name	_	Last Name				
Student A Address	ddress *					

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Student Date of Birth
Must be a date.
Which Aboriginal group does the student identify with? * O Wiri / Widi O Yuwi / Yuwiburra O Barada Barna O Birra Gubba Nation living within the Agreement Area NOTE: Applications for Yuwi/Yuwiburra have been temporarily re-opened.
Who is the beneficiary's apical ancestor?
, and a second s
Please upload evidence of Aboriginal group status Attach a file:
(i.e. hirth contificate letter and (or family tree)
(i.e. birth certificate, letter and/or family tree)
Training Provider Details
Who we are you understained studies.
Where are you undertaking studies: TAFE
 Registered Training Organisation (RTO)
Name of TAFE / RTO Organisation Name
Address of TAFE / RTO Address
Name of the course
Name of the Course
Attach evidence of enrolment *
Attach a file:

Duration of course			
buration of course			
Financial Assistar	nce		
* indicates a required fi	ald		
maicaces a required in	Ciu		
Does the application ○ Yes ○ No	include a request	for a device (iP	ad or computer)? *
Attach a copy of the Attach a file:	requirements tha	t the studies red	uire a device. *
Attach a nie:			
2.Include the cost of 3.Attach a Tax Invoic 4.Specify which stude	each item. e / quote / receipt fo	or each item.	ach item you seek funding for.
Click 'Add more' to add		he table	Attach invoice / quote /
Click 'Add more' to add Description	additional rows to t \$ Amount	he table	Attach invoice / quote / receipt
	\$ Amount Must be a dol		
	\$ Amount		
	\$ Amount Must be a dol \$ ncial assistance re	lar amount.	
Total amount of finar \$ Amount is calculated from	\$ Amount Must be a dol \$ ncial assistance retails the above table.	lar amount.	receipt
Total amount of finants Amount is calculated from Is funding being rece Yes	\$ Amount Must be a dol \$ Incial assistance residue the above table. Sived from other sived from oth	equested ources, including	g Government Assistance? *
Total amount of finar \$ Amount is calculated from Is funding being rece Yes No	\$ Amount Must be a dol \$ Incial assistance residence the above table. Incial assistance residence the above table including a size of the above table.	equested ources, including	g Government Assistance? *
Total amount of finants Amount is calculated from Is funding being rece Yes No Other funding rece	\$ Amount Must be a dol \$ Incial assistance received the above table. Elived from other services additional rows to the addi	equested ources, including	g Government Assistance? *
Total amount of finants Amount is calculated from Is funding being rece Yes No Other funding rece Click 'Add more' to add	\$ Amount Must be a dol \$ Incial assistance received the above table. Elived from other services additional rows to the addi	equested ources, including Government A	g Government Assistance?

2024 Education Training Application

Form Preview

Education Assistance Impact

* indicates a required field

2024 Education Training Application

Form Preview

At least 1 choice must be selected.
Select all that apply.
At the end of the year, how will you provide evidence of the benefits of our
funding assistance? * □ School report
□ Images
☐ Short video footage
☐ Certificate☐ Letter to the Trust
□ Other:
At least 1 choice must be selected. Select all that apply.
Select all that apply.
Please note that by sharing images, etc. with the WYCBT you provide consent for us to upload these to our social media channels and/or for use in WYCBT documentation. Please ensure you have obtained permissions for others depicted.
Checklist and Confirmation
* indicates a required field
Checklist
Defense submitting your application, planes arrange that you beyon
Before submitting your application, please ensure that you have: * ☐ completed all questions
□ attached sufficient evidence of beneficiary status
☐ attached copies of valid Tax invoices/quotes/receipts, clearly indicating the supplier's ABN and GST component
upload evidence the device is required for the training (if included in the application)

If you do not provide as much detail and evidence as possible, this may cause a delay in your application being assessed.

provide proof of enrolment, such as a letter from the school or official enrolment advice

Confirmation by applicant

At least 5 choices must be selected.

- I certify that to the best of my knowledge the statements made in this application are
- I understand that if the Trust approves funding, I will be required to accept the conditions of grant in accordance with the Trust's audit requirements.
- I consent to the information contained within this application being disclosed to or used by the Trust for the purpose of assessing, administering and monitoring my current and any future grant applications.
- I understand that if the Trust approves a grant, I will be bound by the contents of my application, and my application forms part of my contractual agreement with the Trust.

l agree *	□ Yes			
Applicant Feedback				
	pplication process. Before you revi take a few moments to provide so			
Please indicate how you foun O Very Easy O Easy O Neutral O Difficult O Very difficult	d the online application proces	ss:		
How many minutes in total did it take to complete this application?				
Estimate in minutes i.e. 1 hour = 60	minutes			
Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.				
Did you require assistance to ○ Yes ○ No	complete this application?			
If yes, what help did you need	d, and who helped you?			