

APPLICATION FORM

APPLICANT'S NAME _____ Phone _____

CONTACT DETAILS _____

email _____

APPLICANT ELIGIBILITY

Teacher of literacy and numeracy courses.	Yes/No	Employer	
Lives and works in the Western Australia	Yes/No	Teaching Program	
Application supported by employer	Yes/No	Formal Qualifications	

EMPLOYER ENDORSEMENT _____ DATE ____ / ____ / ____
(Signature of line manager)

DETAILS OF EVENT

Workshop/Conference/Course/Other (Circle one) Dates(s) _____

Duration (in hours/days) _____ Time Period (if applicable) _____

Name _____

Description: Content and Purpose

COSTS (costs will be reimbursed on receipts only – no daily allowances)

	Funding from Sponsorship Program	Funding from other sources	In kind contribution
Conference Registration Fees	\$	\$	\$
Airfare	\$	\$	\$
Accommodation	\$	\$	\$
Meals	\$	\$	\$
Other travel related expenses (please specify)	\$	\$	\$
TOTAL	\$	\$	\$

CRITERIA

The following criteria will be used to evaluate your application. Please address each as fully as you need.

1	Remote location	
2	<p>Teaching Role</p> <p>(Describe your teaching roles(s) and responsibilities. Nominate number of hours against each. Attach a copy of your CV and qualifications.)</p>	<p>Employment status Full Time Part Time Casual (Tick one)</p>
3	<p>Alignment with Sponsorship Program objectives.</p> <p>(Present evidence that the proposed activity is relevant to one or more of Objectives 3 – 6.)</p>	
4	<p>Direct application in the workplace of the skills learnt.</p> <p>(Describe how the proposed activities are relevant to and can be applied in your workplace.)</p>	
5	<p>Previous Sponsorship Grants</p> <p>(List dates and titles of previous Sponsorship grants.)</p>	

Applicant's signature _____

Date _____