

LOCAL YOUTH ORGANISATION TRAINING GRANT APPLICATION

Currently the club has a small budget to provide funding for local youth organisation volunteers in 'our patch' to complete initial or refresher training to gain or maintain Senior First Aid, Mental Health First Aid or Bronze Medallion qualification that they may require to perform their volunteer role.

PERSONAL DETAILS

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CONTACT DETAILS: EMAIL: _____ TELEPHONE NUMBER: _____

DETAILS OF VOLUNTEER POSITION AND SERVICE

ORGANISATION (AND BRANCH) FOR WHICH YOU ARE A VOLUNTEER: _____

VOLUNTEER POSITION: _____

LENGTH OF SERVICE VOLUNTEERING: _____

OTHER COMMUNITY SERVICE EXPERIENCE: _____

ORGANISATION REPRESENTATIVE ENDORSEMENT

NAME: _____

CONTACT DETAILS: EMAIL: _____ TELEPHONE NUMBER: _____

POSITION WITH VOLUNTEER ORGANISATION: _____

DETAILS OF TRAINING REQUIRED

TRAINING COURSE TO BE COMPLETED: _____

PROPOSED DATE OF COURSE: _____

COST OF COURSE: _____