

MPA TRAINING GRANT Application Form

(Completion of all fields is required)

Student Details			
<input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Other	Given Name		Date of Birth
	Surname		
Address			
Home Phone		Mobile	
E-mail Address			
Employer Details:			
Trading Name		ABN	
Legal Name			
Address			
Workplace Contact			
Work Phone		Mobile	
E-mail Address			
Host Employer Details (if Applicable):			
Company Name		ABN	
Address			
Supervisor			
Work Phone		Mobile	
E-mail address			
School Details (School-Based Apprentices):			
School			
Address			
Phone		Mobile	
Coordinator			
E-mail address			
Registered Training Organization (Applicable if you are currently a registered student)			
Name			
Address			
Phone		Mobile	

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Coordinator		Mobile	
E-mail address			

Employment - Which best describes your current employment status?:			
<input type="checkbox"/> Full-time Employee		<input type="checkbox"/> Employed – Unpaid Worker in Family Business	
<input type="checkbox"/> Part-time Employee	Hrs/Wk=	Other - please specify	
<input type="checkbox"/> Self Employed – Not employing Others			
<input type="checkbox"/> Employer			
Schooling:			
Are you attending school	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which year did you complete that school level?	
Which is your highest COMPLETED school level? <input type="checkbox"/> Yr 12 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 9 or below			
Prior Education Achievement – Have you successfully COMPLETED any of the following qualifications?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, tick and completed applicable boxes			
<input type="checkbox"/> Certificate I		<input type="checkbox"/> Pre-Apprenticeship/Pre Vocational	
<input type="checkbox"/> Certificate II		<input type="checkbox"/> Bachelor Degree or Higher	
<input type="checkbox"/> Certificate III (Trade Cert)		<input type="checkbox"/> Advance Diploma	
<input type="checkbox"/> Certificate IV (Adv Cert)		<input type="checkbox"/> Certificates other than above	
Title and level of Qualification(s) obtained			
Study Reason – Which best describes your main reason for undertaking this apprenticeship?			
<input type="checkbox"/> To get a Job	<input type="checkbox"/> To develop my business	<input type="checkbox"/> Complete Apprenticeship	<input type="checkbox"/> Change of career
<input type="checkbox"/> For personal interest	<input type="checkbox"/> For self-development	<input type="checkbox"/> Other reasons	
Citizenship – Are you?			
<input type="checkbox"/> Australian Citizen or Permanent Resident		<input type="checkbox"/> New Zealand passport holder -6 month resident	
<input type="checkbox"/> Other		Visa document number:	
Are you of Aboriginal or Torres Strait Islander origin?			
For persons of both Aboriginal and Torres Strait origin mark both YES boxes			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander	
In which country were you born?			
<input type="checkbox"/> Australia	<input type="checkbox"/> Other, please specify:		

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Language			
Do you speak a language other than ENGLISH at home?		<input type="checkbox"/> No (English only)	<input type="checkbox"/> Yes
<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all
Do you consider yourself to have a disability, impairment or long-term condition?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If you answered 'Yes', you may qualify for additional assistance)	
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning
<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Vision	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Other
<input type="checkbox"/> Mental	<input type="checkbox"/> Unspecified		
Training Course Details			
Course Name			
Course Start Date		Course End Date	
Registered Training Organization (RTO)			
RTO Contact Number / Email			
Course Fees	\$	Materials	\$
Any Course Comments?			
Have you or will you be seeking funding for these costs from another provider?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If you answered 'Yes', please provide details including source provider and amount)	
Funds are to be paid directly to RTO/ Training Provider			
I declare that to the best of my knowledge all information given on this form is true and correct. I understand that I cannot seek additional funding for the same cause without prior approval of the MPA training fund.			
Signature			Date

Save the completed form to your desktop/computer and email to - admin@mpa.org.au