

TRAINING GRANT APPLICATION FORM

If you would like your employees to participate in one of EITF's approved courses, the Foundation may be able to contribute towards your employee's course cost.

Employer Name			
Protect Employer Number		Contact	
Address			
Phone			

Course Title				Duration (hrs/days)	
Training Provider				Total Employees Attending	
Employee Name	Protect Employee Number	Course Start Date	Course End Date	Cost (inc. GST)	Training Provider Certificate of Attainment/Completion (attached)

On behalf of the Employer above I declare that the information specified in this application is correct and all requirements have been met.

Signature..... Date

Name of Signatory	
Position Held by Employer's Signatory	

Note: A Grant cannot be reviewed until acceptable documentation is provided.

Checklist:

Grant Application Form Copy of Training Provider Invoice Certificates of Attainment/Completion

Return to:

EITF
PO Box 2087
HOTHAM HILL VIC 3051