

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 Person	
Address	
Phone Number	

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 Employers Signatory	

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

Checklist:

Please provide EFT Details

- Grant Application Form
- Copy of Training Provider Invoice
- Copy of Training Provider Invoice

BSB:

ACC:

ACC NAME: