**Section 1 |** APPLICANT/ATTENDEE details

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| --- | --- | --- | --- | --- |
| 1. **Name of Applicant** | Click or tap here to enter text. | | | |
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| 1. **Details of the proposed Attendee** (The young person attending the training) | Full Name | Click or tap here to enter text. | | |
| Residential Address: | Click or tap here to enter text. | | |
| Suburb/Town: | Click or tap here to enter text. | Postcode :Click or tap here to enter text. | |
| Phone: | Click or tap here to enter text. | | |
| Mobile: | Click or tap here to enter text. | | |
| Email: | Click or tap here to enter text. | | |
| Date of birth: | Click or tap here to enter text. | | |
| **Section 2 |** ORGANISATION DETAILS | | | | |
| 1. **Details of the organisation the Attendee works/volunteers for** | Organisation name | Click or tap here to enter text. | | |
| Organisation Address: | Click or tap here to enter text. | | |
| How long has the Attendee been employed/volunteered at the organisation? | | Click or tap here to enter text. | |
| Suburb/Town: | Click or tap here to enter text. | Postcode :Click or tap here to enter text. | |
| Contact person: | Click or tap here to enter text. | | |
| Contact person’s position: | Click or tap here to enter text. | | |
| Phone no: | Click or tap here to enter text. | | |
| Email: | Click or tap here to enter text. | | |
| Start date of the Attendee at the organisation: | Click or tap here to enter text. | | |
| Will the organisation contribute to the cost of the course? | | **Y** | **N** |
| If yes, how much will the organisation’s contribution be? | | **$** Click or tap here to enter text. | |

**Section 3 |** LEADERSHIP TRAINING DETAILS

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| 1. **Details of the proposed leadership training** | Course name | Click or tap here to enter text. |
| Course code: | Click or tap here to enter text. |
| Training provider: | Click or tap here to enter text. |
| Course location:  (Online courses accepted) | Click or tap here to enter text. |
| Course start date: | Click or tap here to enter text. |
|  | Course end date: | Click or tap here to enter text. |
|  | Course cost:  (Please attach evidence) | $ Click or tap here to enter text. |

**Section 3 |** QUALITATIVE DETAILS

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| 1. **Details of how the proposed training meets the program objectives**   The Youth Leadership Development Program aims to encourage:   * The retaining of young people in our region longer; * Providing young people with skills that create opportunities for career progression; * Developing leaders locally, rather than seeking candidates for senior leadership positions from outside of the region; and * Supporting local businesses and organisations to upskill their existing employees/volunteers to meet their growing needs. |
| Please describe how this proposed training for this proposed attendee meets the above objectives:  Click or tap here to enter text. |
|  |

**Section 4 |** Budget Details

|  |  |
| --- | --- |
| **Item** | **Cost** |
| Course/training cost | $Click or tap here to enter text. |
| Incidentals e.g. travel, accommodation etc.  Please specify: Click or tap here to enter text. | $Click or tap here to enter text. |
| **Total cost of training**  (Excluding GST) | $Click or tap here to enter text. |
|  |  |
|  |  |
| 1. **Amount of funding requested from Council**   (Excluding GST)  Note: Amount should be no higher than 50% of the course/training cost and have a maximum value of $1,000 | $Click or tap here to enter text. |

**Section 4 |** DOCUMENTATION & DECLARATION

The following documents must be attached to this application:

Quotation or evidence of cost of the leadership training/course

Identification of the Attendee showing their date of birth (must be 35yrs or under on date of application)

Evidence of the Attendee’s home address

A letter of support from the employer or volunteer organisation of the Attendee including confirmation of the organisation’s financial contribution to the training (if any)

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I submit this application with the mandatory supporting documentation as required. I declare that the details are correct to the best of my ability. I acknowledge that Council’s assessment of my application will be in accordance with Façade Improvement Grant Guidelines and any approval will be subject to conditions of approval at the discretion of Council.

**Attendee:**

|  |  |
| --- | --- |
| Signature: | Click or tap here to enter text. |
| Name: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |

**Employer/Volunteer Organisation contact:**

|  |  |
| --- | --- |
| Signature: | Click or tap here to enter text. |
| Name: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |

Completed applications can be submitted by email to [**council@wattlerange.sa.gov.au**](mailto:council@wattlerange.sa.gov.au), by post to Wattle Range Council, PO Box 27, MILLICENT SA 5280, or in person at any Wattle Range Council office.