

APPLICATION FORM

Please refer to the Information Booklet on Post-Separation Service Scholarships for people of Aboriginal and Torres Strait Islander and/or Culturally and Linguistically Diverse Backgrounds when completing this form.

Applications will only be accepted if completed in full

Please submit your completed application to: projects@frsa.org.au by 12 May 2015

Nominating Organisation

This section is to be completed by the nominating organisation (see Information Booklet for eligibility of nominating organisations).

Nominating Organisation name:

Address:

Name of contact person:

Contact phone (direct/mobile):

Contact email:

Name of person you are nominating as a scholarship applicant:

Please describe your (ie the nominating organisation's) relationship with the scholarship applicant:

Please state briefly why you believe the scholarship applicant is a good candidate to undertake the eligible course and include an assessment of their current skills and suitability:

Please state briefly why you believe the scholarship applicant is a good candidate to receive a scholarship (please include information on the applicant's capacity to pay, if the scholarship was not available, and local community need):

Please indicate what other forms of support or assistance you will provide to the scholarship applicant

- Travel costs (full or partial)
- Accommodation costs (full or partial)
- Costs associated with training such as training materials, child care (full or partial)
- Study leave/time off in lieu
- Other

Please indicate your consent by circling the relevant phrase in the following statements:

I accept/ do not accept that the scholarship applicant is from an Aboriginal, Torres Strait Islander and/or culturally and linguistically diverse background.

that should scholarship applicant be successful in securing a scholarship, the nominating organisation will:

- organise the required work placement
- provide support/mentoring

to completing 6 monthly surveys on the progress of the scholarship recipient and providing information to FRSA for evaluation purposes and public dissemination.

Signed

Date

Scholarship Applicant Details

This section is to be completed by the scholarship applicant (see Information Booklet for details).

Name:

Address:

Contact phone:

Contact email:

Gender:

Date of birth:

Please indicate if you are:

- Aboriginal Torres Strait Islander Culturally/Linguistically Diverse

Please indicate country of origin, people or language group:

Please indicate the eligible course you are applying for:

[Note: If you are intending to only complete the 6 compulsory units of the Graduate Diploma of Family Dispute Resolution (and not the full qualification), please describe how you will meet the accreditation standards under the Family Law (Family Dispute Resolution Practitioners) Regulations 2008 (for example, meeting National Mediator Accreditation Standards or hold an appropriate qualification that is relevant to the provision of Family Dispute Resolution – refer to the Information Booklet).

Please describe any work experience relevant to eligible course pre-requisites:

Existing qualifications:

Current employer (if applicable):

- Full time Part time Casual Volunteer

I declare that:

- My cultural/linguistic heritage is as stated above.
- I will complete the eligible course indicated above within the time period specified by the registered training organisation.
- I will complete 6-monthly surveys on my progress and provide information to FRSA for evaluation purposes and public dissemination.
- I will advise the registered training organisation and FRSA immediately if there are any changes to my circumstances that impact on my capacity to complete the eligible course.

Signed

Date

Registered Training Organisations

This section is to be completed by the Registered Training Organisation (see Information Booklet for details).

Name of organisation:

Address:

Name of contact person:

Position of contact person:

Contact phone:

Contact email:

Eligible course to be completed by the scholarship applicant and qualification:

Location of training:

Start and end dates of training:

Format of training:

Total cost of training

Fee

GST

Total (Fee + GST)

Type of additional support required by scholarship applicant and cost:

I declare that:

- This organisation will enter into a Memorandum of Understanding with FRSA to manage the administration of the scholarship.
- This organisation will be delivering the eligible course in 2015-2016.
- The scholarship applicant has been assessed by this organisation as meeting the course prerequisites and being eligible to complete the training.
- A place in the course will be held for the scholarship applicant until scholarships are offered.

Signed

Date

Checklist

- Applicant is of Aboriginal or Torres Strait Islander background
- Applicant is of Culturally and Linguistically Diverse background
- Registered training organisation has been selected
- Registered training organisation section signed and dated by registered training organisation
- Nominating organisation is an organisation funded by the Attorney-General's Department
- Nominating organisation section signed and dated by nominating organisation
- Course is an eligible course
- Applicant section signed and dated by applicant