



Professional Development Grant

Application form

Applicants name

What is the name of your organisation?

What is your legal status? (for example, charitable trust or incorporated society)?

Briefly, what are you applying for?

How much are you applying for? The maximum grant is \$1,500, including GST.

Details of the professional development opportunity

Title

Start date

Location

Details

What will be the long-term outcomes of your professional development?

Why is this opportunity a priority for your organisation?

How will you share the knowledge and skills you develop through this opportunity? A blog post, article or paper, presentation, workshop, resource, hui, etc.

Contact person regarding this application

Name _____

Position _____

Phone (daytime) _____ (evening) _____

Address _____

Email _____

Checklist

The following information must accompany this application:

- 1. Copies of quotes or receipts from provider (e-ticket, registration payment confirmation, etc)
- 2. Information about the training opportunity (training programme, website link, etc)
- 3. A copy of your most recent bank statement
- 4. Evidence of your legal status (a letter of incorporation, evidence of charitable trust status, etc)
- 5. If applicable, a copy of the letter from Inland Revenue confirming Tax Exempt status

GST status

Is your organisation registered for GST? _____

If yes, what is your GST number? _____

Bank account details. For payment of grant, if approved.

Account name _____

Account number _____

Declaration

1. I am authorised to apply for this grant.
2. To the best of my knowledge, the information contained herein is true and correct.
3. All funds received will be used only for the purpose for which they were approved.
4. All funds received but ultimately unspent will be returned to NSTP.
5. I acknowledge that organisational and personal information collected in this application will be held by NSTP for the purposes of assessing the application and publicising approved applications.

For and on behalf of your organisation

Full name of organisation

Chairperson / Director / Manager**Applicant**

Signature _____

Full name _____

Date _____ / _____ / _____

Please email your application to:

NSTPGrants@tepapa.govt.nz

Please don't email your application to a particular staff member. (In the absence of the named staff member, your application would be delayed.)