## Application for North West School Based Apprenticeships Grants Program

Before applying for this grant, please review the [program guidelines](https://www.skills.tas.gov.au/__data/assets/pdf_file/0003/306561/North_West_School_Based_Apprenticeships_Grant_Program_Guidelines.pdf).

When completed, please return to grantsadmin@skills.tas.gov.au or to your ANP.

|  |
| --- |
| Employer Details |
| ABN |  |
| Legal Name |  |
| Trading Name |  |
| Nature of business |  |
| Mailing Address |  |
| Contact Person |  |
| Contact Number |  |
| Contact Email |  |
| Is the employer a GTO? | YES / NO (please circle appropriate response) |
| If a GTO, please provide host trading name and ABN | Host Name …………………………………………………………..Host ABN …………………………………………………………... |
| Apprentice/Trainee Details |
| Apprentice/Trainee Name |  |
| Apprentice/Trainee Address |  |
| Qualification |  |
| Date of Birth |  |
| Mobile |  |
| Email |  |
| Training Contract Start Date |  |
| I hereby declare that:* The information provided in this form is true and accurate.
* I have read and hereby agree to the terms and conditions of the grant.
* I consent that this information may be disclosed and collected for the purposes of registration, preparing statistics, research, reporting, program administration, monitoring and evaluation; and used for these purposes by the Australian Government, including the Department of Employment, Skills and Education, State/Territory government departments, authorities and agencies.
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| Employer Signature |  |
| Date Signed | ……/……/ 20…. |