

SCHOLARSHIP APPLICATION FORM

Australian Indigenous Leadership Centre
Certificate II in
Indigenous Leadership
80879ACT

ailc

Australian Indigenous
Leadership Centre

Location: Cairns

October Course:

24/10/2013 – 30/10/2013

The closing date for Scholarship
applications is **COB 13th**

September 2013(EST)

Note: There will only be 1
selection panel process. You
will be notified if you have been
selected.



ABOUT YOU

Family Name (Surname)

First Name:

Preferred name (badge name):

Gender: Female or Male

Date of Birth and approximate age

Are you working now? YES or NO

If yes, where are you working and what is your role?

If no, are you seeking employment? YES or NO

Mailing Address:

Phone number during office hours

Mobile phone number:

Email address:

Fax number:

Emergency contact:

Name:

Phone:

PLEASE USE THE BOXES TO TELL US ABOUT...

YOUR LEADERSHIP GOALS

THE SKILLS YOU HAVE

WHY YOU THINK YOU WOULD BENEFIT FROM RECEIVING THIS SCHOLARSHIP TO BE ABLE TO ATTEND THIS COURSE

YOUR LANGUAGE AND ENGLISH LITERACY

What is your first language? What other languages do you speak? Do you have any problems using English? If yes, tell us more.

(This is to help us support you if needed; you may be able to talk through your assessment tasks if writing is hard for you)

Did you fill in this form by yourself? YES NO

If you needed help, who helped you and what did they do?

Will you need help with reading and writing in English? YES NO

HEALTH

General Health Assessment : Do you have any medical conditions/ disabilities that could exclude you from any activities ?

Please describe.

(Applicants must disclose the nature and extent of any illness or disability to ensure that the AILC can provide a safe learning environment for all and meet its insurance requirements).

NOTE TO APPLICANTS:

If you have a CV or resume please attach a copy to this application form.

If you don't have one, please tell us about your work and community experience (paid and unpaid) in the space below:

Selection

Shortly before the course you will be told if you have a place. Please think carefully about what you will need to do when you come on the course.

On the course you will need to give your time and attention and participate fully.

You need to go to all sessions. Will you do this? YES NO

You must tell us what you thought about the course at the end. Will you do this? YES NO

You must share a room with another participant of the same gender. Will you do this? YES NO

Do you agree not to drink alcohol or take drugs on this program? YES NO

CheckList

Please send all of these forms to the AILC by the closing date:

- A copy of your CV or resume (if not written on the application form)
- Signed Supporter's statement
- Aboriginality or Torres Strait Islander Descent Form
- This Application form

Return this Scholarship application by- 13th September 2013

posting it to -

Australian Indigenous Leadership Centre Ltd
PO Box 4110
Kingston ACT 2604

faxing it to : 02 6251 6312

emailing it to : ailc@ailc.org.au

Phone 02 6251 5770 free call 1800 284 087 for further information

SUPPORTER'S STATEMENT

Note to applicants: Give this page to your Supporter to fill in. Your Supporter must recommend you for the opportunity to receive this Scholarship and may be a trainer, supervisor, coordinator or a person in a position of authority in your community or workplace, either now or in the past.

Your Supporter must not be a family member.

Your Supporter can either send this form to the AILC or they can return it to you to send in with the rest of your application.

Applicant's name:

Applicant's signature:

Date:

Supporter's name:

Supporter's title:

Supporter's signature:

Please tell us why you think the applicant would benefit from receiving this Scholarship.

Please return this form to the applicant OR email it to:

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PO Box 4110
Kingston ACT 2604

fax it to : 02 6251 6312

email it to : ailc@ailc.org.au

Phone 02 6251 5770 free call 1800 284 087 for further information