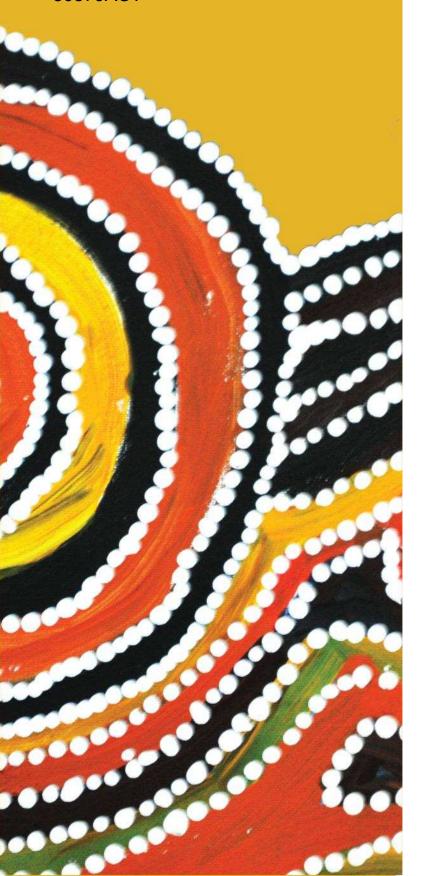
### SCHOLARSHIP APPLICATION FORM

Australian Indigenous Leadership Centre Certificate II in Indigenous Leadership 80879ACT





**Location: Cairns** 

#### **October Course:**

24/10/2013 - 30/10/2013

The closing date for Scholarship applications is **COB 13**<sup>th</sup> **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)								
Firs	st Name:							
Pre	eferred name (b	adge name	e):					
Gei	nder:	Female	or	Male				
Dat	te of Birth and	approximate	e age					
Are	you working n	ow?		YES	or	NO	)	
If ye	es, where are y	ou working	and w	hat is y	our r	ole?	>	
If n	o, are you seel	king employ	ment?		YE:	S	or	NO
Mai	iling Address:							
Pho	one number du	ring office h	ours					
Mol	bile phone nun	nber:						
Em	ail address:							
Fax	number:							
	Emergency co	ntact:						
	Name:							
	Phone:							

PLEASE USE THE BOXES TO TELL US ABOUT
YOUR LEADERSHIP GOALS
THE SKILLS YOU HAVE
WILV VOLUTURAL VOLUMOLIED DENEET EDOM DEGENVING TURE COLIGEADELIED TO
WHY YOU THINK YOU WOULD BENEFIT FROM RECEIVING THIS SCHOLARSHIP TO BE ABLE TO ATTEND THIS COURSE
YOUR LANGUAGEANDENGLISHLITERACY 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 TOAPPLICANTS:**

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?

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 C\	or resume (if not	written on the	application form
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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 KingstonACT2604

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.

Applicant's name:

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 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:

Australian Indigenous Leadership Centre Ltd PO Box 4110 KingstonACT2604

fax it to: 02 6251 6312

email it to: ailc@ailc.org.au

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