



# National Services Te Paerangi

## Professional Development Grant

### Application form

**Applicant's name**

\_\_\_\_\_

**What is the name of your organisation?**

\_\_\_\_\_

**Address**

Street \_\_\_\_\_ P O Box \_\_\_\_\_

City / Town \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Contact person regarding this application**

Name \_\_\_\_\_

Position \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

**Details of the professional development opportunity**

Title \_\_\_\_\_

Start date \_\_\_\_\_

Location \_\_\_\_\_

Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR ADMIN USE ONLY					
APP NO.		DATE RECEIVED		s/o	

**How much are you applying for?** The maximum grant is \$1,000, including GST.

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**What will the grant cover?** Eg: registration, airfares, etc.

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

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**Why is this opportunity a priority for your organisation?**

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

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### **Checklist**

The following information must accompany this application:

1. Information about the training opportunity (a workshop programme, links to websites, copies of quotes, invoice from the training provider, etc)
2. Details of expenses (copies of quotes, invoice from the training provider, etc)
3. Evidence of your legal status (a letter of incorporation, evidence of charitable trust status, etc)
4. If applicable, a copy of the letter from Inland Revenue confirming


your organisation's Tax Exempt status


5. Any additional information regarding the training opportunity or your grant application

**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

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**CEO / Director / Manager**

**Applicant**

Signature \_\_\_\_\_

\_\_\_\_\_

Full name \_\_\_\_\_

\_\_\_\_\_

Date        /        / \_\_\_\_\_

**Please email your application to:**

[NSTPGrants@tepapa.govt.nz](mailto: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.)