



YEAR 9 CAREER TASTER PROGRAM

Grant Application Form

Applicant details

For applications from a consortium, this section must be completed by the **lead applicant only**.

Organisation type: (please select one.)

School

Education support centre

District/regional/head office
[Education sector]

TAFE college

Organisation details (if acting in a partnership or consortium with another entity/ies, include details of the lead organisation in this section)

Organisation name:

Address [for correspondence regarding the application]:

Website:

Email:

Telephone:

ABN:

Contact person [person responsible for managing delivery of the taster experience]

Title: .

Full name:

Position:

Email:

Primary contact number: [e.g. mobile phone number]

Secondary contact number: [e.g. landline/desktop phone extension]

Legal signatory [person in leadership position e.g. school principal, TAFE director of the lead organisation]

Title: .

Full name:

Position:

Email:

Primary contact number: [e.g. mobile phone number]

Secondary contact number: [e.g. landline/desktop phone extension]

Program overview

Total budget

Summary of the total budget for the application.

Total cost of delivering the taster experience/s: \$ _____ (inclusive of GST)

Total Career Taster Program grant monies requested in this application: \$ _____ (inclusive of GST)

Expected participation

Please identify the total number of Year 9 students expected to participate in all taster experiences to be covered by this grant application.

Please note: students are counted only once even though they may participate in more than one Career Taster Program experience listed in this application or separate to this application.

Total number of students:

Program and budget details

The responses provided in the following table will be used to assess **Qualitative assessment criteria 1 and 4** (please refer to the **Application Guidelines** for more information).

Please note: all fields are compulsory and must be answered for your application to be accepted.

Please attach additional information, if required. Hold down Ctrl button when selecting more than one option.

Experience title and activity outline	Program type (select all that apply)	Activity type (select all that apply)	Industries covered (select all that apply)	Itemised budget (incl GST)	Expected number of students	Expected outcomes	Expected start date	Expected end date
	If Targeted program, select which: If Other, please specify:							
	If Targeted program, select which: If Other, please specify:							

Quality

The responses provided to the following questions will be used to assess **Qualitative assessment criteria 2**. Please refer to **Application Guidelines** for more information.

Partnerships and industry engagement

List the details of all partnerships (formal and informal) consulted for this grant and explain how they are involved in design and/or delivery of the career taster experience.

and/or

New, innovative and engaging taster experiences

Describe what makes the experience/s new, meaningful, engaging or innovative.

and/or

Good practice

Are there reasons the experience could be seen as an example of good practice?

Scalability and replicability

The response provided to the following question will be used to assess **Qualitative assessment criteria 3**. Please refer to the **Application Guidelines** for more information.

Please outline how the career taster experience/s could be delivered in other locations and/or to larger groups of students in future.

Submission

By submitting this application, the applicant acknowledges that the information contained in this application, if accepted, will form the basis of a grant agreement and subsequent reporting requirements by the applicant. Submit your application to **CTP.Grants@dtwd.wa.gov.au**.

Ensure you:

- Read the **Conditions of Funding** form, have it signed by a legal signatory, and attach it to your application email.
- Attach other documents relevant to your application in the application email.
- Notify the Department at **CTP.Grants@dtwd.wa.gov.au** if your circumstances change.