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| **APPLICATION FORM**  **Grant application to ATTEND training** |

**Grant Assessment Criteria**  
Your application will be assessed according to how well it complies with the following:  
1) The training will directly enhance the service delivered by your organisation and is undertaken with the support of your organisation.  
2) The knowledge and skills learnt will be shared with others.

**Grant Conditions**  
1) The training has been organised by MAITS or involves MAITS trainers.

2) You can provide proof of acceptance on the training course.

3) Upon completion, you will provide MAITS with a report of the training and your plans for cascading your knowledge, using the MAITS’ form provided.   
4) Receipts are provided to MAITS in order to claim back any expenses previously agreed by MAITS.  
5) Expenses will only be reimbursed on receipt of the report, expenses claim form and receipts.

6) Acknowledgement of MAITS’ contribution should be given when reporting to others on the training received.

*MAITS assumes that all successful grant applicants will inform themselves of any risks of travelling to the host location.*

**\*Should this application be successful, I agree that MAITS accepts no liability towards myself (the grant recipient) or the Host organisation.**

**Agree**

1. **Applicant’s details:**

**Title**



**Full name**



**Profession **

**Home address**

Address 1  

Address 2  

City/Town  

State/County  

Postal Code  

Country   

Email Address  

Phone Number 

**Work address**

Name of organisation   

Address 1  

Address 2  

City/Town  

State/County  

Postal Code  

Country   

Website 

**Next of Kin Details:**

Name 

Relationship to you 

Telephone 

Address 1 

Address 2 

Email address ****

1. **Professional title and main area of expertise:**

****

1. **Work and education history:**
2. **Current post **
3. **Professional history with dates**

****

1. **Educational qualifications with dates**

****

1. **Give details of the training you intend to receive, including all of the following:   
   (i) The topic or course title**
2. **Length of training**
3. **Level (.i.e. basic or advanced)**
4. **Names of trainers**

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1. **Details of the organisation hosting the training:**

Name of the organisation: 

Address line 1: 

Address line 2: 

City & Country: 

Contact person Name: 

Email Address: 

Telephone: 

1. **Dates of intended trip: (mm/dd/yyyy)**

Date training starts 

Date training finishes 

1. **Outline a draft schedule / timetable of your visit:**

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1. **Outline the total breakdown of costs and specify funding being requested from MAITS for the training.** *(Please note that MAITS offers fixed amounts for grants – please visit Grants section of the website for more details)*

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1. **Please explain your reasons for applying for this course and how you hope to use your new Knowledge/skills?**

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1. **Approximately how many colleagues will you be sharing these new skills with over the next year and how will you do this?**

****

1. **How many of your clients will benefit from your new skills over the next year?**

****

1. **Please provide any other relevant information:**

****

1. **How did you hear about MAITS?**



1. **1st Referee: This should be your present employer/manager (if you have one) or a senior colleague**

Name   

Organisation  

Address 1  

Address 2  

City/Town  

State/County  

Postal Code  

Country  

Email Address  

Phone Number 

**2nd Referee: This should be someone who has known you for at least two years.**

Name  

Organisation  

Address 1  

Address 2  

City/Town  

State/County 

Postal Code  

Country  

Email Address 

Phone Number 

**Please email proof of your professional qualifications and registration with your professional body (if possible), a letter of support from your employer along with this completed form to**: **info@maits.org.uk**  
  
Your details will be kept on a database but only staff directly involved with this application will have access to them.  
  
MAITS guarantees the confidentiality of the personal data provided by the applicant(s) and the automatic treatment of the same according to the UK personal data protection legislation.  
  
MAITS reserves the right to withhold funding in the event that the grant criteria and conditions are not met.

**I agree that**

MAITS accepts no liability towards the Grant holder or Host organisation.

I have read and understood the Foreign Office advice relating to the country/ countries I am traveling to and agree to this assignment of my own free will, in light of the information given.

In addition I have read any other information provided by MAITS about travel to the host country and will make my best efforts to abide by the advice. In here doing, I accept that MAITS is not responsible for unforeseen events that may cause me harm.