

**APPLICATION FORM Apprentice Trainer Grant**

**Grant Conditions**  
  
1) The applicants must apply to register with MAITS to be considered for the grant.  
2) The training programme must provide support to those working with people with special needs.  
3) MAITS must be satisfied with the proposed trainer(s) qualifications and/or record.  
5) The trainer(s) must use their best reasonable efforts to make contact with other relevant disability organisations in the local area during his/her trip, with the aim of enabling the largest possible number of people to benefit from the visit.  
6) The trainer(s) must use their best reasonable efforts to complete their project in accordance with the agreed aims and objectives.  
7) Upon return, the trainer(s) must provide MAITS with a full report of the training provided, using the MAITS report form, and enter the answers from the trainee feedback forms onto the MAITS online trainee feedback collection survey.  
8) The grantee(s) will also be expected to communicate with future trainers going out to the same project.   
9) MAITS requests that all materials developed on the project will be catalogued and submitted to them by email.   
10) The trainer(s) will conduct a 6-month review according to the guidelines provided by MAITS and report the information back to MAITS.  
11) Receipts must be provided by the trainer(s) or host organisation to MAITS in order to claim back any expenses previously agreed by MAITS.  
  
**Grant Assessment Criteria**  
  
There must be evidence of the following:  
  
1) The applicant has successfully completed their professional training.  
2) The applicant has travelled outside Europe, North America and Australasia.  
3) The applicant has been accepted by the project leader to join the team on this project.  
4) The applicant has a satisfactory criminal records check.

**\*Last Name:**



**\*Forenames:**



**Title:**



**\*How did you hear about MAITS?**



**\*Address**

Organisation  

Address 1  

Address 2  

City/Town  

State/County  

Postal Code  

Country  

Email Address  

Phone Number 

**Skype ID:**



**\*Professional Registration Number:  
(Please type N/A if you do not have a Professional Registration Number)**



**\*Do you have an up-to-date criminal record clearance certificate?**

Yes

No

**\*Please give details about the project you would like to join, including the name of the group leader, name and address of host organisation and nature of the proposed trip:**



**\*Date of Intended Trip:**

From: 

To: 

Please email the complete form along with the proof of your registration with your professional body, your current evidence of criminal record clearance (if you have one) and also an accompanying letter from your host organisation confirming that this grant proposal was jointly written with them to info@maits.org.uk.  
  
Scanned copies are acceptable.