

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.
- 3) The training received will be of a proven standard.

Grant Conditions

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

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

***Last Name:**

***Forenames:**

Title:

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

***Address**

Name

Organisation

Address 1

Address 2

City/Town

State/County

Postal Code

Country

Email Address

Phone Number

Skype ID:

***Next of Kin Details**

Name

Relationship to you

Telephone

Address

How will the training benefit those you work with in your current role?

**Approximately how many colleagues will you be sharing these new skills with over the next year?
How many clients will benefit over the next year?**

**Please give details of the training you intend to receive, including all of the following:
The topic, length of training, level (ie. basic or advanced) and experience of trainers.**

**Please explain your reasons for applying for this course, how you hope to use your new
Knowledge/skills and your plans for cascading your knowledge (who to and how):**

Please give details of the training organisation you intend to visit:

Dates of intended trip:

Date Training Starts

Date Training Finishes

Outline a draft schedule / timetable of your visit:

***Outline the total breakdown of costs:**

Professional title and main area of expertise:

Current post (including details of your employer) and professional experience with dates:

Educational background:

Any other relevant information:

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 completed form to info@maits.org.uk.

Scanned copies are acceptable.

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.