**Leadership grant program: Application form**

# Please read the grant guidelines for the *Leadership* grant program before you complete this form. Please return your completed form to apply for the Julia Farr MS McLeod Benevolent Fund *Leadership* Grant.

# By completing this form you consent to disclosure of all details in this application to any relevant external body/trust chosen to distribute funds through this process.

1. **About you**

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Address |  |
| Postcode |  |
| Email |  |
| Phone number |  |
| Date of completing this form |  |
| Do you live with disability?  | Yes/ No |
| If ‘Yes’ please provide details:  |
|  |

1. **Your experience of leadership**

|  |
| --- |
| Please tell us about your leadership experience. For example, what leadership roles do you have in your community or your work? |
|  |
| What are your leadership ambitions? For example, what leadership role would you like to have in future, or what leadership skills do you want to develop? |
|  |

1. **Leadership development**

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| --- |
| Please provide details of the leadership development opportunity that you are applying for funding for. |
|  |
| If you are applying for a formal education or professional development program, have you already been accepted onto this program or do you still need to meet any admission and selection criteria? |
|  |
| How will this opportunity assist you to achieve your leadership ambitions? For example, how will it build your capacity and personal authority as a leader? |
|  |
| If you are successful with this application, what are your goals on completion of this leadership opportunity?  |
|  |

|  |
| --- |
| How will you know that these goals have been achieved? |
|  |
| Please include dates/details and attach quotes for this leadership opportunity |
|  |
| Amount requested: $  |  |

1. **Supporting information**

# Please provide contact details for two referees. We will contact these referees to confirm information about your leadership experience and ambition.

|  |
| --- |
| Referee 1 |
| Name |  |
| Relationship to applicant |  |
| Contact email |  |
| Contact phone number |  |
| Referee 2 |
| Name |  |
| Relationship to applicant |  |
| Contact email |  |
| Contact phone number |  |

|  |
| --- |
| Where did you hear about this grant opportunity? *(This will not affect the assessment of your application, but helps us to understand how best to promote our grant programs).*  |
|  |

|  |  |
| --- | --- |
| Signed |  |
| Date |  |

|  |  |
| --- | --- |
| Name of person completing this form if not the applicant |  |
| Address |  |
| Postcode |  |
| Relationship to applicant |  |
| Organisation (if applicable)  |  |
| Email |  |
| Phone |  |

# To apply, please send this completed application form to grants@juliafarr.org.au

