

## 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:	

### 2. 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?

### 3. Leadership development

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: \$	

#### 4. Supporting information

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

<b>Referee 1</b>	
Name	
Relationship to applicant	
Contact email	
Contact phone number	
<b>Referee 2</b>	
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).*

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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](mailto:grants@juliafarr.org.au)

