## Application for New Apprenticeship Scholarships Pilot

Before applying for this grant, please review the terms and conditions of the program.

Once complete, please return to [nasp@skills.tas.gov.au](mailto:nasp@skills.tas.gov.au) or your Apprenticeship Network Provider (ANP).

|  |  |
| --- | --- |
| Employer Details | |
| ABN |  |
| Legal Name |  |
| Trading Name |  |
| Nature of business |  |
| Mailing Address |  |
| Contact Person |  |
| Contact Number |  |
| Contact Email |  |
| If employer is a GTO, please provide the host’s trading name and ABN | Host trading name ……………………………  Host ABN …………………………………………………………... |
| Apprentice/Trainee Details | |
| Apprentice/Trainee Name |  |
| Qualification Code and title |  |
| Date of Birth |  |
| Mobile |  |
| Email |  |
| Training Contract Start Date |  |
| \* To be eligible for the grant: | |
| I hereby declare that:   * The information provided in this form is true and accurate. * I have read and hereby agree to the terms and conditions of the grant. * I understand that the personal information provided in this form is provided to the Department of State Growth, which will manage the information in accordance with the *Personal Information Protection Act 2004* (Tas)and *Privacy Act 1988* (Cth).  The personal information collected here will be used by the Department for the purposes of registration in the Pilot, preparing statistics, research, reporting, program administration, monitoring and evaluation; and used for these purposes by the Australian Government, including the Department of Employment, Skills and Education, State/Territory government departments, authorities and agencies.  Failure to provide the information may result in your application not being processed or records not being properly maintained.  The Department may also use the information for related purposes, or disclose it to third parties in circumstances allowed for by law.  You have the right to access your personal information by request to the Department and you may be charged a fee for this service. * I consent to my personal information being used for the purposes outlined above. | |
| Apprentice/ Trainee Signature |  |
| Date Signed | ……/……/ 20 |