

CHARITABLE COMPANY LIMITED

(A subsidiary of Tauhara North No.2 Trust)



PO Box 490, Taupō 3351

93 Heuheu Street

Taupō 3330

Email: team.grants@tauharano2.co.nz

www.tauharano2.co.nz

Phone: 07 376 7533

0800 828 427

Fax: 07 376 7539

0800 828 428

REGISTERED¹ VOCATIONAL/PATHWAY TRAINING COURSE GRANTS APPLICATION FORM

Registered Vocational / Pathway Training Course grants offered by CCL are available to Owners, descendants and whanau² (excluding spouse/partners) as recognised by Tauhara North No.2 Trust. These grants are issued for services provided within New Zealand only.

Applications may be made at anytime prior, during or after the course, providing the application is received within the financial year the course was undertaken (between 1 July and 30 June)

Applicants may make more than one application per financial year – up to the total value of \$550.00 per financial year

Panels where * is displayed MUST be completed

***Applicant details** (Parent/Guardian must complete for applicants who are under 18 years of age)

First Name: _____ Surname: _____

Gender: M / F Date of Birth: ____ / ____ / _____ Age: _____ Profile Number (if known): _____

(Only complete details below if this is your first application or your details have changed since your last application)

Residential Address: _____

_____ Post Code: _____

Mailing Address if different to above: _____

_____ Post Code: _____

Email: _____

Daytime phone number: _____

Alternative daytime phone number: _____

***Shareholder / Descendant Validation**

Name of Shareholder applicant is linked to: _____

Shareholder Number (if known): _____

¹ For information on what courses are “registered” visit www.nzqa.govt.nz/

² “Whanau” includes registered individuals who are Whangai; legally adopted child of an owner or descendant; step child/grandchild etc of an owner or descendant.

***Training and accreditation purpose**

Please advise the purpose of undertaking this training:

	Please tick the relevant reason
To obtain employment (qualification required in order to gain employment)	
To retain employment (qualification required to remain in your current employment)	
To upskill for future employment opportunities	

***Course, qualification or accreditation information** For information on what courses are "registered" visit www.nzqa.govt.nz/

Applicants must provide a copy of the Confirmation of Enrolment from the education provider with their application

Course/accreditation name: _____

Qualification Name: _____

Course Length: _____

Name of Course/Accreditation Provider: _____

Provider Contact Person: _____

Provider Contact Address: _____

_____ Post Code: _____

Start date: _____ Finish date: _____

***Course-related Costs**

Applicants must provide quotes and/or receipts for costs associated with the course of study. Associated costs may include: Tuition Fees, Equipment, Text Books, Computer products/services, Stationery.

***Payment details**

Bank account details

Amount Payable to: _____

Account Name: _____ Account Number: _____

**Please provide either a bank verified account number, deposit slip, or internet banking print out only if Charitable Company Limited does not already have the information.*

***Declaration** (Parent/Guardian must complete for applicants who are under 18 years of age)

I hereby certify that the information in this application is true and correct to the best of my knowledge and belief. I agree that the funds supplied will be used for the Registered/Vocational Pathway Training course I applied for. In signing this application I consent to CCL communicating with the provider in relation to any aspect of this application.

Grant applicants full name (please print): _____

Signature: _____ Date: _____