



Subsequent Year Apprenticeships

Reason For The Grants

The grant fund aims to help those people whose apprenticeship/cadetship is in danger of not getting started or not completed due to barriers that may include financial ones.

What The Grants Are For?

Employment Support Marlborough Trust (ESM) awards grants to a maximum of One Thousand five hundred Dollars (\$1,500.00) to people who have a real need and desire to improve their employment skills and qualifications through an approved apprenticeship/cadetship scheme but require financial help to achieve this. There is an expectation that funds are unable to be obtained from any other source including family.

Who Can Apply

Applicants must be New Zealand residents and either residing in Marlborough, and engaged in or wishing to enter an apprenticeship/cadetship in Marlborough, or engaged in or wishing to enter an apprenticeship/cadetship outside Marlborough in preparation for employment in Marlborough.

What Information Is Required?

Applicants should be prepared to explain their circumstances. In particular they must show that they suffer from a barrier that may include a financial one which may prevent them entering into or completing their apprenticeship/cadetship. These details will be kept confidential. Applications are to be made on the forms provided by the Trust.

The Trustees may waive or amend any or all of the criteria at their discretion

The awarding of grants under this scheme (including the amount of any grant) is at the sole discretion of the Trustees of ESM and no right of appeal shall be available to any applicant.

Where to Find Out More

To obtain forms, or for further information or assistance with completing forms, please enquire with David Hall on (021) 076 0104 or email djhall.6@gmail.com or visit www.employmentsupport.co.nz

Applications to be Addressed to:

**The Secretary
Employment Support Marlborough Trust
PO Box 1137
Blenheim 7240**

Funds for this grant scheme are obtained through fundraising and activities conducted by ESM to enable it to meet its charitable objectives in the Marlborough Community.



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Application form

1. Surname _____
2. First Name/s _____
3. Postal Address _____

Residential Address (if different from postal address)

Phone number or contact number _____

4. What apprenticeship/cadetship have you started?

5. Commencement Date: _____

6. Expected Finish Date: _____

7. What is the name of your employer and education or training provider?

8. Please describe your career plans _____

9. Please provide information about how a lack of money is restricting you from entering or completing your apprenticeship/cadetship. **Please confirm that you are unable to obtain funds from any other source including family.**

10. What is the amount of the grant you seek, and what do you want it for? (Note, that the grant is up to a maximum of \$1,500.)

Itemise Costs and include copies of Fees, Quotes for Tools etc:

11. Any other information to support your application:

12. If you have received previous grants please state why you should be considered for this grant:

I authorise Employment Support Marlborough to make any enquiries it may deem relevant of any person or organisation in connection with this application.

I declare that all information I have given on this form is true and correct.

Signed: _____

Date: _____

Checklist

- ☐ Copy of Birth Certificate/Passport (Proof of NZ Residency)
- ☐ Statement of Position to support the barriers you face
- ☐ Employer/Education/Training provider declaration
- ☐ Other supporting documentation (if any) including financial statements if your barrier is of a financial nature

Employer to complete

Employer: _____

Please comment on the applicant's progress and the likely completion date of their apprenticeship or training:

Please comment on any other information you think relevant

- ☐ I confirm that the applicant has the ability to complete their apprenticeship/training
- ☐ I support this application
- ☐ I confirm that the applicant would have difficulty in completing their apprentice/training without financial assistance

Signed: _____

Dated: _____

For further details I can be contacted at:

Address: _____

Phone: _____

Statement of Position

Applicant :..... **Date** :.....

Dependants :.....

Monthly Income (In the hand)

Salary/Wages	\$
Spouse/Partner	\$
Total	\$ _____

Monthly Expenditure

Board/Rent/Mortgage	\$
Hire Purchase	\$
Credit Card	\$
Rates	\$
Insurances	\$
Motor vehicle expenses.	\$
Power	\$
Telephone	\$
Groceries	\$
Other	\$
Total	\$ _____

Assets

Residential Property	\$
Rental property/s	\$
Personal effects	\$
Motor vehicle/s	\$
Household Furniture	\$
Bank account/s	
Cash	\$
Other Investments	\$
Total	\$ _____

Liabilities

Mortgage	\$
Hire Purchase	\$
Credit Card	\$
Overdraft	\$
Other Loans	\$
Total	\$ _____

I certify that the above information is correct

Signed