

FNQ Safety Group Inc., PO Box 6890, CMC, Cairns QLD. 4870

w: www.fnqsafetygroup.org.au

e: info@fnqsafetygroup.org.au

Study Grant Application

DATE:			
Selection criteria First Name		Year you joined the FNQ Safety Group	
Tilservanie		Minimum of 3 years membership	
Surname		Previous surname (if applicable)	
Contact Details	Mobile:	Email:	
	Tel: (work)	Tel: (home)	
Postal Address			
Annual Safety Seminar		How many have you attended? You need to have attended at least 1	
For example: Have you even the second of th	ver hosted the rovided health egularly attende resented a paperved on the Exrought new me	e monthly meetings and/or helped organise the annual seminar? In and safety information to the Group to share? Ided the monthly meetings? Idea the group seminar or introduced speakers? Idea the group seminar or introduced speakers? In an an an annual seminar? Idea the monthly meetings? Idea the monthly meetings? Idea the group seminar or introduced speakers? Idea the group seminar or introduced speakers? Idea the group seminar or introduced speakers? Idea the monthly meetings and safety information to the Group to share? Idea the monthly meetings and safety information to the Group to share? Idea the monthly meetings and safety information to the Group to share? Idea the monthly meetings and safety information to the Group to share? Idea the monthly meetings and safety information to the Group to share? Idea the monthly meetings and safety information to the Group to share? Idea the monthly meetings and safety information to the Group to share? Idea the monthly meetings and safety information to the Group to share? Idea the monthly meetings and safety information to the Group to share? Idea the monthly meetings and safety information to the Group to share? Idea the monthly meetings and safety information to the Group to share and safety information to share	

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Connecting Safety Professionals

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Course Details (Applicant to complete)				
Course Title				
Dates				
Subjects				
Registered Training Organisation (RTO) Nam Address and Registration Number	ne,			
Tertiary Institution and Faculty details (if applicable)				
Name of Qualification being sought				
Grant amount being sought (Max \$1000)				
Mode of payment eg instalments or lump sum				
Administration Section				
Selection Committee (Chair + 2 Membe	rs - minimum 3 years membership each)			
Name				
Signature				
Decision (circle) Amount	Mode of Payment			
Not Approved Approved				
Chairmanna Dadaration				
Chairperson Declaration	as Chairperson of the FNQ Safety Group authorise the release of			
\$ to support to further				
their professional development within the health and safety field.				
then professional development within th	e ficultification survey ficial.			
Signature Date				
Recipient Declaration				
I, accept the conditions of being awarded this study grant of \$, and agree to continue to support the FNQ Safety Group to the best of my ability.				
\$, and agree to continu	ue to support the FNQ Safety Group to the best of my ability.			
Signature	Date			

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Details and Instructions

The FNQ Safety Group is a not for profit networking group for health and safety professionals within the Far North Queensland region. In recognition of the fact that some members may not have easy access to professional development funding, the Group has established a membership based study grant.

Members who meet the criteria detailed on the application form will be eligible to apply for financial assistance to further relevant studies.

Grant applications will be considered on an 'as submitted basis' with a decision being made within 10 weeks of receipt of the application.

The value of the grant will be up to \$1000 per application and will be paid directly to the nominated training or tertiary institution.

Funds awarded must normally be dispersed within 12 months of being awarded unless prior arrangements are made with the selection panel eg course availability /length, ill health, work commitments.

Access to the grant will expire 24 months after being awarded.

Failure to successfully complete training for which the grant was awarded without due cause eg ill health will mean any further applications will not be considered for 5 years.

A member receiving a grant will only be eligible to receive a maximum of \$1000 every 4 years. For example \$500 may be requested one year to go towards a module and the next year \$500 could be requested for another module for the same or different course.

Note: first time applicants will be preferred over previous recipients during the selection process.

Selection panel membership: FNQ Safety Group Chairperson (President) and two others selected by the Chairperson. All selectors must have been a member of the Group for a minimum of 3 years. If any selector has a potential conflict of interest in assessing an application they must step aside and nominate a replacement selector.

The decisions of the selection panel will be documented and are final. However applications can be resubmitted at a later date for further consideration.

All applications must be sent to email: info@fnqsafetygroup.org.au

ABN: 40 886 897 355

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