

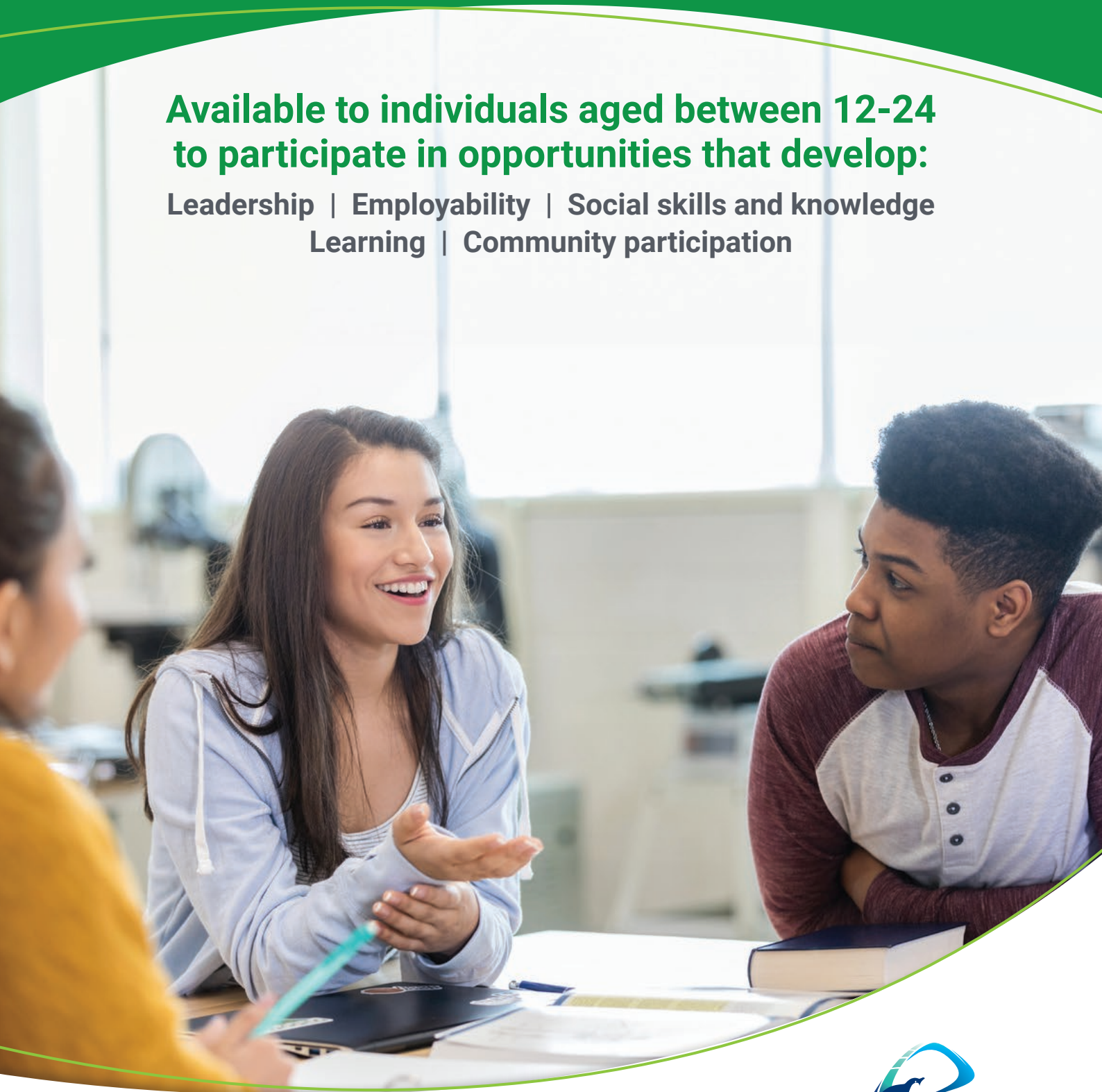
2023-2024

Youth Encouragement Grant Application Package

UP TO \$500

**Available to individuals aged between 12-24
to participate in opportunities that develop:**

**Leadership | Employability | Social skills and knowledge
Learning | Community participation**











What can I apply for?

Course/training/program fees that develop your knowledge and skills, with particular focus on:

- ✓ Leadership
- ✓ Employability
- ✓ Social skills and knowledge
- ✓ Learning (educational opportunities outside of usual school options/alternate pathway program/ability to participate in further education)
- ✓ Community participation.

Eligibility

Eligible applicants must:

-  Be aged between 12-24 years
-  Be a City of Rockingham resident at the time of application
-  Not have received a Youth Encouragement Grant during the current financial year
-  Not have received a Youth Encouragement Grant for the same program in previous years
-  Attend a reputable and recognised program with accredited trainers or program operators
-  Provide documentation of the program
-  Ensure that the City has received and date stamped the application at least four weeks PRIOR to commencement of program
-  Have acquitted all previous Youth Encouragement Grant funding received.

The City cannot guarantee that all eligible applications will receive a grant.

Ineligible items

The funds may not be used for:

- ✗ Sporting activities
- ✗ Driving lessons and/or driving licence fees
- ✗ School/TAFE/university fees (except short courses, academic and leadership programs that are 12 weeks or less)
- ✗ Equipment, resources and technology (e.g. text books, laptops/tablets, accommodation, uniforms, stationery, mobile data and internet connection, flights and travel costs)
- ✗ Program funded previously.

How do I apply?

Complete the application form in full.

Ensure that the following supporting documentation are included with your application form:

- ✓ Details of program, such as:
 - ✓ cost
 - ✓ date and time
 - ✓ organisation details
 - ✓ contact number
 - ✓ location of program
 - ✓ program content or list of objectives
- ✓ Proof of age
- ✓ Proof of home address.

Submit completed application form to **customer@rockingham.wa.gov.au**

The City will inform the applicant of the outcome of their application within four weeks.

What happens after I have attended the program?

Submit the following to the City within four weeks of completing the program:

- ✓ Certificate/course completion documentation/proof of attendance
- ✓ Receipt of costings
- ✓ Photo evidence (e.g. selfie taken at the program or a screenshot of social media posts associated with the program you attended).

What happens if I am no longer able to attend the program or there are changes to the program?

- For any changes to the program, please notify the City immediately
- If the situation arises that the successful applicant does not attend/complete the program, all money received from the City must be reimbursed immediately.

Email **customer@rockingham.wa.gov.au** to advise of any changes.

A. Applicant's Details

| | |
|--|--------------------------------|
| 1. Name: _____ | 2. Date of Birth: _____ |
| 3. Address: (Number) _____ (Street Name) _____ | |
| (Suburb) _____ | (State) _____ (Postcode) _____ |
| 4. Email: _____ | 5. Phone Number: _____ |
| (if U15 only give parent's email) | |

B. Program Details

| | |
|---|-------------------------------|
| 6. Title/Name of program: _____ | |
| 7. Date of program: _____ | 8. Location of program: _____ |
| 9. Overview of program: | |
| <div style="border: 1px solid black; height: 150px;"></div> | |
| 10. Amount requesting: \$ _____ | |

11. Which category does this program fall under? Tick all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Employability <ul style="list-style-type: none">• Gain skills for potential employment• Build confidence• Develop skills to enable further volunteering | <input type="checkbox"/> Social Skills and Knowledge <ul style="list-style-type: none">• Improve communication and interpersonal skills (e.g. active listening, explaining, clarity)• Improve life skills, resilience• Build skill or gain knowledge• Proposed activity promotes personal growth |
| <input type="checkbox"/> Learning <ul style="list-style-type: none">• Extra-curricular education opportunities outside of usual school options, alternate pathway program, ability to participate in further education• Career guidance and development• Acquire accreditation, certificate and/or ticket | <input type="checkbox"/> Community Participation <ul style="list-style-type: none">• Greater connection to Rockingham community• Greater active participation in Rockingham community• Increase contribution to society |
| <input type="checkbox"/> Leadership <ul style="list-style-type: none">• Participation in leadership training• Develop or improve leadership and/or communication skills• Develop or improve resilience | |

12. Why did you choose this program? How will it benefit you personally?

13. How will attending the program assist you with your future goals?

C. Confirmation

14. I confirm that I meet the following eligibility criteria:

- | | |
|---|--|
| <input type="checkbox"/> Aged between 12-24 years | <input type="checkbox"/> Program must be a reputable and recognised program with accredited trainers or program operators |
| <input type="checkbox"/> City of Rockingham resident at the time of application | <input type="checkbox"/> Submit application at least four weeks prior to commencement of program |
| <input type="checkbox"/> Have not received a Youth Encouragement Grant during the current financial year | <input type="checkbox"/> All previous Youth Encouragement Grant funding received has been acquitted (leave blank if this is your first application). |
| <input type="checkbox"/> Have not received a Youth Encouragement Grant for the same program in previous years | |

D. Signature

15. I confirm that I have attached the following:

- | | |
|--|--|
| <input type="checkbox"/> Proof of age | <input type="checkbox"/> A copy of the program information, pre-booking or enrolment reservation |
| <input type="checkbox"/> Proof of City of Rockingham residency | <input type="checkbox"/> Breakdown of course/training fees (e.g. quote). |

Signature

Date

If the application is successful, you will receive an electronic funds transfer, please provide bank account details:

Name of Bank: _____

Account Name: _____ Branch Location: _____

BSB Number: _____ Account Number: _____

Applicant First Name: _____ Applicant Surname: _____

Card Holder Signature: _____ Date: _____

The City of Rockingham will not be held responsible for any delays or errors in payment due to factors out of the City's control (including but not limiting to those resulting from banking industry systems).

Office use only:

| Name | Title | Amount | Approve or Decline |
|------------------|-------------------------------------|-------------|--|
| | | \$ | <input type="checkbox"/> Approve <input type="checkbox"/> Decline |
| Signature: _____ | | Date: _____ | |
| | Manager Community Capacity Building | \$ | <input type="checkbox"/> Approve <input type="checkbox"/> Decline |
| Signature: _____ | | Date: _____ | |
| | Director Community Development | \$ | <input type="checkbox"/> Approve <input type="checkbox"/> Decline |
| Signature: _____ | | Date: _____ | |

Original and copy to: Community Grants Officer
 Approved from A/c Number: 210142.1335

Completed applications should be forwarded to:



Electronic copies:
 customer@rockingham.wa.gov.au
 (10MB limit per email)



Hard copies:
 Community Capacity Building,
 City of Rockingham,
 PO Box 2142, Rockingham DC
 WA 6967



In Person:
 City of Rockingham,
 Administration Building,
 Civic Boulevard,
 Rockingham

Note: An acknowledgment will be provided when an application is received by the City.