



Indigenous Financial Counselling Mentorship Program

Applicant Details

ORGANISATION DETAILS

NAME OF ORGANISATION	_____
ORGANISATION CONTACT PERSON	_____
CONTACT PERSON EMAIL	_____
ADDRESS	_____
PHONE	_____

APPLICANT/PARTICIPANT DETAILS

NAME OF PARTICIPANT	_____
HOME ADDRESS	_____ _____
PHONE - WORK	_____
PHONE – HOME/MOBILE	_____
EMAIL	_____
POSITION IN THE ORGANISATION	_____

Have you previously enrolled in the Diploma of Community Services (Financial Counselling) Y/N

Have you previously undertaken and completed any accredited training? Y/N

(This includes Full Courses or Units of accredited courses)

If yes, what is the:

Name of the training and the accreditation you received?

Name of the Training Organisation where you were enrolled

Date when you completed the training _____

Do you have a disability that you require assistance for? Y/N



Indigenous Financial Counselling Mentorship Program Scholarships Selection Criteria

Commonwealth Bank of Australia Indigenous Financial Counselling Mentorship Program Scholarships

1. Why do you want to study the Diploma of Community Services (Financial Counselling)

Please include in your responses:

- Reasons for undertaking the proposed course of study
- Why are you interested in Financial Counselling
- How you see your potential to contribute and fully participate in both the online and residential block training.
- How the scholarship would benefit in your professional and personal development in your current role in the workplace.

2. Commitment to Financial Counselling and delivering a quality service to disadvantaged Indigenous clients

Please demonstrate your interest and current and future commitment to leading, supporting and contributing to your organisation's delivery of financial counselling to Indigenous clients.

3. Academic and Workplace achievement

- List (including years awarded) of any academic achievements through a tertiary institution along with professional development courses undertaken in any of your workplaces.
- Details (including years involved) of any leadership positions or roles currently or previously held in your workplace or community or provide examples of your leadership potential.

4. Social/economic circumstances

Describe any significant disruptions that may impact your studies. Please include:

- Whether you have any medical conditions/disabilities that may impact on your participation and attendance to the course. *(Please Note that the purpose of this criteria is not to discriminate you in your application but rather so that ICAN can accommodate for medical condition or disability requirements of participants).*
- Whether you are located in an urban, rural or remote location and whether this would impact on your attendance at the residential block training programs. For previous attendants travelling from a remote WA community, it required long travel hours to and from the block training.
- What support mechanisms are available in your workplace to enable you to successfully participate in the program's online and face-to-face training requirements?
- What support mechanisms you will put in place within your family network and home life to enable you to successfully participate in the program's face to face training requirements. (If you have a family, the time away to attend the block training will have an impact on both you and your family).
- How you will manage the challenges of being away from your community and family for a week to attend the block-training program.



Indigenous Financial Counselling Mentorship Program Organisation Endorsement

The letter of endorsement and acceptance of the ICAN / CBA Indigenous Financial Counselling Mentorship Program Scholarship conditions is to be completed by the Scholarship Applicant's organisation / place of employment. It may be completed by a person holding one of the following positions within the organisation: Chief Executive Officer | Executive Director, Senior Management (not a direct Line Manager), Director of the Board.

- I endorse the following Staff Member: _____ to undertake the ICAN IFCMP Training Program.
- I have reviewed and accept _____'s Scholarship Application to be true.
- I confirm _____ is an employee of _____
- I have read and agree to the scholarship criteria and conditions.
- The organisation agrees to resource the participant to undertake the online training component.
- The organisation agrees to participate in research and/or promotional activities relating to the ICAN IFCMP Training Program.

1. Applicant organisation
2. Organisation description
3. Organisation address
4. Organisation contact person
5. Contact person phone number
6. Contact person email address
7. Applicant Position is funded via:

<input type="checkbox"/> Federal funding (DSS) <input type="checkbox"/> State funding <input type="checkbox"/> Other

Signed

Date

APPLICANT INFORMATION

Applications for the ICAN Indigenous Financial Counselling Mentorship Program close Friday 16th January, 2015

If you have questions, please contact:

Majella Anderson

ICAN Training Co-Ordinator

PH: 07 40311 073

E: majella.anderson@ican.org.au

Please post completed application package to:

Majella Anderson

PO Box 1108

Cairns North Qld 4870

APPLICATION CHECKLIST

- Application Form.
- Completed selection criteria
- Letter of endorsement from your employer
- Resume
- Certified copies of Certificates/Awards/Statements of Attainment.