# Learning System Grants 2019

**Application Form**

**(Please adjust the size of the space provided for your responses as needed.)**

|  |  |
| --- | --- |
| Name of organisation/s |  |
| Name of contact person |  |
| Phone / mobile |  |
| Email |  |
| Title of project |  |
| **Grant theme**: which theme(s) does the project align most closely with?  **1 -Identify: What is the issue and how do you know?**  **2 - Design: How to plan to achieve your identified outcomes?**  **3 - Implement: What steps will you take to embed evidence-informed practice approaches?**  **4 - Evaluate: How will you know if you are making a difference?** |  |
| **Project overview, intended outcomes** |  |
| **Criterion 1**: How you will go about this project, including a detailed methodology with desired outcomes and timeline |  |
| **Criterion 2**: How the project addresses one or more of the grant themes |  |
| **Criterion 3**: Proposed personnel including qualifications, experience and time allocated to project |  |
| **Criterion 4**: How the project findings will be incorporated into practice |  |
| **Criterion 5**: How the project, once completed, will contribute to better services for children and families |  |

**Costing of project**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Cost excl GST | GST | Cost incl GST |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL cost, incl. GST** |  |  |  |

**Details of personnel** undertaking the project including qualifications, experience and time allocated to project. (Copy and paste table as often as needed to cover project personnel.)

|  |  |
| --- | --- |
| Name |  |
| Title/office held |  |
| Organisation |  |
| Qualifications |  |
| Experience, including expertise in child and family services and the generation and use of evidence. |  |
| Role/functions to be performed |  |
| Estimated time on project (days) |  |

|  |  |
| --- | --- |
| Name |  |
| Title/office held |  |
| Organisation |  |
| Qualifications |  |
| Experience, including expertise in child and family services and the generation and use of evidence. |  |
| Role/functions to be performed |  |
| Estimated time on project (days) |  |

|  |  |
| --- | --- |
| Name |  |
| Title/office held |  |
| Organisation |  |
| Qualifications |  |
| Experience, including expertise in child and family services and the generation and use of evidence. |  |
| Role/functions to be performed |  |
| Estimated time on project (days) |  |

Please complete this form and return to [michele.lonsdale@cfecfw.asn.au](mailto:michele.lonsdale@cfecfw.asn.au) by **COB 13 June 2019**.

If you have any difficulties completing this form, or have any other queries related to the Learning System Grants or application process, please contact Michele on 03 9094 3521 or 0408 083 238 or Brigid van Wanrooy on 9096 1061.