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**01.01.2017**

**APPLICATION FORM – V4**

**LEADERSHIP EQUIPPING GRANT (LEG)**

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**CONTEXT:** This application form is to enable a church to apply for a Leadership Equipping Grant (LEG) to employ a young leader (student) in the ministry of its church, subject to terms and conditions outlined in the LEG Guidelines.

**Notes:**

* Sections **1**, **2** and **4** are to be completed by the church and section **3** and **4** the student.
* Words in grey are there to advise you of what answers are required. It is advisable to change the colour of your response to black.
* To relieve you of removing the grey words before typing your answer, you can click on the word ‘INSERT’ (clicking INERT will change it to OVERTYPE) on the ribbon at the bottom of this document, which will allow you to overtype the current word however, you will still need to change the colour of the type.

**As per clause 4b of the MIG Guidelines:**

*b. The church is to develop and document a strategy for the leadership equipping
 program to include:*

1. *objective of their leadership equipping program – Key Reporting Activity (KRA)*
2. *a formal description of the role,*
3. *a mentoring program to support the intern, and*
4. *measurable outcomes for the church and student – Key Performance Indicators (KPI’s).*

The church is to submit the strategy of what it is aiming to achieve through the leadership equipping program for both the church and student, a job description and KPI’s, either in the sections provided or on a separate report.

**SECTION 1 – CHURCH DETAILS:**

*(all sections are mandatory)*

|  |  |
| --- | --- |
| Name of the church: |  |
| ABN: |  |
| Address: |  |  |  |
| Name of pastor: |  |
| Details of the authorised person completing this application on behalf of the church: | Name: |  |
| Email: |  |
| Mobile Telephone: |  |
| Current average attendance at the main service: | number |
| Staff employed:  | Full Time: | number |
| Part Time: | number |
| Volunteers: | number |
| Annual operating budget: | $ |
| Is the LEG budgeted for and fundable? | Yes/No |
| Has the church verified that the student is an Australian citizen or has the right to work in Australia: | Yes/No |
| Is the student being sponsored by an entity other than the church? | Yes/No |
| Amount of grant requested based upon agreed hours of work@ the Total Hourly Rate (CCCVaT’s share only):  | Total Annual Amount, limited to CCCVaT’s maximum contribution. |
| Will the church be matching CCCVaT’s share of the grant or contributing a greater share? | If yes state how much? |
| Is the church registered to use Child Safe Australia’s Safety Management Online and using it? | Yes/No |
| Does the church have a compliant OHS policy that is being effectively managed? | Yes/No |
| Is the church building compliant with all building regulations or standards that are capable of being applied? | Yes/No |
| Is all the equipment used by the church meet Australian Standards, where applicable? | Yes/No |
| Bank details: | Account name: |  |
| BSB Number: |  |
| Account Number: |  |
| Is the church willing to handle all employee and employment responsibilities? | Yes/No |
| Will the church commit to a prayer plan for student? | Yes/No |
| Who will supervise the student? | Name: |  |
| Email: |  |
| Mobile Telephone: |  |
| Working with Children’s Check; | Attach copy |
| National Criminal History Check; | Attach copy |
| Who will mentor the student in this role?*It is advisable that different people be appointed to supervise and mentor the intern.**If not possible and it is the supervisor, state where the name is required ‘same as supervisor’* | Name: |  |
| Email: |  |
| Mobile Telephone; |  |
| Working with Children’s Check: | Attach copy |
| National Criminal History Check: | Attach copy |
| LEG – intended commencement date: | day/month/year |
| LEG – intended completion date: | day/month/year |
| LEG – hours the student will be working per week: |  |
| **The LEG strategy – KRA (this may be supplied on a separate attachment)** |
| Objectives: |
|  |
| Student’s role/job description: |
|  |
| List the benefits you believe will accrue to the church resulting from this leadership equipping program, including KPI’s: |
|  |
| List the benefits you believe will accrue to the student resulting from this leadership equipping program, including KPI’s: |
|  |

**SECTION 2 – STUDENT DETAILS:**

(*all fields are mandatory)*

|  |  |
| --- | --- |
| Name (in full): |  |
| Address (street): |  |
| Address (suburb + p/code): |  |  |
| Postal Address: | If same write ‘as above’ |
|  |  |  |
| Email address: |  |
| Telephone Number (landline): |  |
| Mobile Number: |  |
| Date of birth (DOB): | Day/Month/Year |
| Photograph: | A high resolution electronic image is to be forwarded to the email address at the end of this document. It must be a minimum of 300dpi or 1mb. |
|  |  |
| Emergency Contact: |  |
| Relationship: |  |
| Phone Number (Landline): |  |
| Phone Number (Mobile) |  |

**SECTION 3 - STUDENT ASSESSMENT INFORMATION:**

*(to be completed by the student)*

|  |  |  |
| --- | --- | --- |
| What study/course are you undertaking? | College: |  |
| Campus: |  |
| Course: |  |
| Commencement: |  |
| Duration: |  |
| Hours p/w studying: |  |
| Intended completion; |  |
| Do you have a current Working with Children’s License Check? | Attach copy |
| Do you have a National Criminal History Check? | Attach copy |
| Why do you wish to undertake the LEG? |
|  |
| What value can you bring to Church ministry? |
|  |

|  |
| --- |
| How will you benefit from the LEG? |
|  |

**SECTION 4 – DECLARATION OF THE CHURCH AND STUDENT:**

**Church Signatory:**

* I am authorised to sign legal documents on behalf of this church.
* To the best of my knowledge, there is no conflict of interest represented by this application and I will notify CCCVaT should a conflict of interest arise.
* I state that the information contained in this application and or attachments is to the best of my knowledge true and correct and I will notify CCCVaT of any changes to this information.
* I have read CCCVaT’s Leadership Equipping Grant’s Guidelines and acknowledge that signing this application commits the church to abiding by the terms and conditions of these Guidelines.

*To be signed by a person with delegated authority to apply - i.e. Chairperson, Secretary, Public Officer, Treasurer or Pastor.*

|  |  |
| --- | --- |
| **Date** |  |
| **Name in full** |  |
| **Position** |  |
| **Signature** |  |

**Student:**

* I state that the information supplied by me is true and correct.
* I have read CCCVaT’s Leadership Equipping Grant’s Guidelines and acknowledge that signing this application commits me to abiding by the terms and conditions of these Guidelines.

*To be signed by the student in the presence of the church signatory.*

|  |  |
| --- | --- |
| **Date** |  |
| **Name in full** |  |
| **Signature** |  |

**For enquires about the LEG or application, contact:** Paul Gould.

**Complete the application and email to:** paul@cccvat.com.au

**Or post to:** CCCVaT PO Box 521 Blackburn VIC 3130