**Grant Makers Apprentice Programme**

**ORGANISATION Application Form**

**Details of young person you are nominating for participation on this programme**

**Individuals Name:**

**Contact Details:**

**Email**

**Telephone:**

**Address:**

**Parent /Carers Name:**

**Contact Number:**

**Nominating Organisation Name:**

**Nominating Individuals Name:**

**Position:**

**Contact Details**

**Email:**

**Telephone:**

**Address:**

**Part A: NOMINATION**

**Please outline in no more than 500 words why you believe this young person would be suited to this programme. Please use the following criteria to support your nomination:**

* **Shows natural leadership skills and qualities**
* **Passionate about their community and making a difference**
* **Have shown an active interest in making a difference**
* **Can commit to a 12 week programme including afternoons from 4-6pm and weekend meetings**

**Part B: Young Persons Personal Statement**

**Explain in no more than 200 words why you believe you should be selected for this course.**

* **Tell us about any hobbies or interests, causes you are interested in.**

**Consent**

**If the young person is under 18 years of age we require Parent/ Guardian Consent to apply for this programme and to participate should their application be successful.**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/ Guardian) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to their submitting this application and to their participation in the Programme should they be successful in securing a place.

***Please PRINT name:***

***Please Sign:***

***Please Date:***

**Deadline for return of Applications: Monday 11th October 12pm**

**Please return you completed Form to:**

**Sonya Johnston**

**Programme Manager**

Fermanagh Trust

Fermanagh House

Broadmeadow Place

Enniskillen

Co. Fermanagh

BT74 7HR

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