**Grant Maker Apprentice Programme (G—MAP)**

**SELF-Nomination**

**Application Form**

**Name:**

**Contact Details:**

**Email**

**Telephone:**

**Address:**

**Parent /Carers Name:**

 **Contact Number:**

**SELF - NOMINATION**

**Please outline in no more than 400 words why you believe you would be suited to this programme. Please use the following criteria to support your nomination:**

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

**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:***

**Please tell us about any hobbies or interests you have, any groups, clubs or societies you are a member of?**

**Deadline for return of Applications: Monday 2nd November 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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Fax: (028) 66 320 230

Email:  sonya@fermanaghtrust.org Web:  [www.fermanaghtrust.org](file:///C%3A%5CUsers%5CCustomer%5CDocuments%5CSonya%5CGrantMaker%20Apprentiship%20Programme%5Cwww.fermanaghtrust.org)