**AGRICULTURAL EXTENSION WORK PLACEMENT PROGRAM 2020 -2022**

**GREAT BARRIER REEF CATCHMENTS**

**HOST ORGANISATION**

**APPLICATION FORM and GUIDELINES**

**Timing of Application**

Interested host organisations can submit their application at any time until the 8 November 2020 (end of business day).

Applications will be acknowledged and recorded by QFF.

Applicants will be advised in writing of the success or failure of their Application by mid of November 2020.

**Instructions to Complete Application Form**

This Application form should be completed in a maximum of **seven (7)** pages.

Applications must be submitted in electronic format and sent to the following email address – aewpp[@qff.org.au](mailto:diana@qff.org.au)

Applications should be submitted and approved by an authorised delegate from the organisation applying.

The delegate should have the authority to endorse the commitments within the application and to negotiate an agreement with QFF (if successful).

1. **Proponent details (Lead organisation)**

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| --- | --- | --- | --- | --- | --- |
| **Organisation** |  | | | ABN number |  |
| **Postal Address** |  | | | | |
| **Telephone** |  | Facsimile |  | | |
| **Mobile** |  | **E-mail** |  | | |

1. **What is your experience and involvement in supporting extension and practice change in the agricultural sector in the Great Barrier Reef catchments? Please summarize your involvement in current related projects and activities.**
2. **Describe proposed activities to be undertaken by the trainee. You must ensure these activities enhance the capability of the trainee to deliver extension services in Great Barrier Reef catchments.**

* Describe what projects / activities you anticipate the trainee will be involved in, as well as the industries and regions to be the focus of the activities.
* Please state the potential benefits and impacts of these projects.
* Explain the potential value of the activities to delivery of Water Quality Outcomes (why are the activities important? How are they linked to the Reef Water Quality outcomes?).

1. **Please state what resources and appropriate support will the host organisation (s) provide to the Trainee (for example OHS, HMR, facilities, other).**

**If you are applying as a consortium – Please explain how you plan to work together to mentor the trainee.**

1. **Principal mentor’s details**

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| --- | --- |
| **Name (including title)** | **Organisation** |
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| * Provide a description of the mentor’s skills, achievements and relative experience in the field and in managing staff/ people / trainees. Please attach a copy of the mentor’s curriculum vitae. * Provide brief statement of the mentor’s value to this project |

|  |  |
| --- | --- |
| **Name (including title)** | **Organisation** |
|  |  |

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| --- |
| * Provide a description of the mentor’s skills, achievements and relative experience in the field and in managing staff/ people / trainees. Please attach a copy of the mentor’s curriculum vitae. * Provide brief statement of the mentor’s value to this project |

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| --- | --- |
| **Name (including title)** | **Organisation** |
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| * Provide a description of the mentor’s skills, achievements and relative experience in the field and in managing staff/ people / trainees. Please attach a copy of the mentor’s curriculum vitae. * Provide brief statement of the mentor’s value to this project |

1. **Proposed Budget**

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| --- | --- | --- | --- |
| ***List how the QFF grant of $60,000 will be spent and list any cash amounts that other people or organisations will be contributing. List the items of cash expenditure only. In-kind project contributions should be reported in Item 7.*** | | | |
| **Expenditure Item** | **Amount requested from QFF** | **Amount contributed by organisation and others** | **Total GST Exc** |
| Salary |  |  |  |
| On costs |  |  |  |
| Mentoring |  |  |  |
| Training |  |  |  |
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| **Total ($) GST Exclusive** |  |  |  |

1. **Budget Justification:**

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| --- |
| Please provide justification for main items in the budget.  List any in-kind contributions from people and/or organisations: |

1. **Key Contact (for correspondence about all aspects of the application)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  |  |  |
| **Telephone** |  | Facsimile |  |
| **Mobile** |  | **E-mail** |  |
| **Organisation** |  | | |
| **ABN** |  | | |
| **Postal Address** |  | | |