BCITO Tools Grant Application Form

Applications close 19 August 2024

Please post applications to:
BCITO Tools Grant Application
PO Box 2615, Wellington 6140

Or email to: hello@bcito.org.nz

Name:	
Date of birth:	NSN:
School or employer's company's name:	Year level or employer/supervisor's name:
Your email:	Your mobile:

What qualification are you enrolled in or plan to enrol in?

Name of a project you are doing/have done:

Attach a brief summary of your project. This should include:
- What you most enjoyed
- What you are most proud of learning/doing
- Your favourite tool and how you used it
- How a Tools Grant will benefit you

Terms and conditions summary

Fully completed applications must be received by BCITO on or before 19 August 2024 at 5.00pm.
All applicants must have read BCATS Student Tool Grants; Information for Applicants, available at https://bcito.org.nz/scholarships/bcito-tools-grant/
Applicants must be:
- a current apprentice who enrolled with BCITO after 1 January 2024
- enrolled in a BCATS and/or BCITO Gateway programme in 2024 and plan to become a BCITO apprentice within ten months of 19 August 2024

Successful applicants will receive a $1000 grant paid into their bank account, within 21 days of notification being received of a signed BCITO training agreement, providing their bank account details are provided promptly.

Privacy

All entries become the property of BCITO and may be used to inspire others who want to do or are doing BCATS programmes.

Under the Privacy Act 2020, all individuals have the right to access and correct their personal information by contacting BCITO in writing: BCITO, PO Box 2615, Wellington 6140.

I have read and accept the terms and conditions as stated above and in the BCITO Tools Grant Information Sheet.

Signature of Applicant …………………………………………………………………….. Date…………………..

Signature of Parent/Guardian (if applicant is less than 18 years old) ……………………………………………………. Date…………………..

I attest that the student named in this application is progressing through their BCATS programme. (Required only if still at school.)

Signature of Teacher/Gateway Co-ordinator: ………………………………………………Date…………………..

For more information contact BCITO on 0800 422 486 or email hello@bcito.org.nz