



UPSKILL HOSPO

your

LOCAL HOSPITALITY UPSKILLING
& DEVELOPMENT FUND

Upskill & Development Application Form

Name: Phone:

Email:

Employer: Job Title:

Group ☐ Names:

Length of Service (start date of your employment in the NT's hospitality industry):

Upskill & Development Fund Application

1. What is the opportunity (provide a link or attachment if possible) and what is the cost to attend?

2. How will the activity assist in your professional development and upskilling?

3. How will the activity assist your employer and the broader hospitality industry?

Terms and Conditions Apply*



UPSKILL HOSPO

LOCAL HOSPITALITY UPSKILLING
& DEVELOPMENT FUND

Upskill & Development Fund: Terms & Conditions

By applying, you agree to the following terms:

1. **Eligible Activities:** Funding is for industry-specific training and professional development. This does not typically include accredited training. For accredited courses, please contact Hospitality NT for alternative funding options.
2. **Payment:** Funds are disbursed on a reimbursement basis only, after the approved activity is completed. Payment requires submission of a completed reimbursement form and valid receipts.
3. **Assessment:** Applications are assessed on their individual merits, alignment with industry needs, and the long-term benefit to the NT hospitality sector.
4. **Application Focus:** Applications must demonstrate how the activity will improve skills, enable career progression, and enhance service quality.
5. **Funding Limits:** The maximum grant per individual is \$2,000. The total fund is \$45,000 and will be distributed to as many eligible applicants as possible.
6. **Co-Contribution:** Applicants are strongly encouraged to contribute to the cost to help maximise the reach of the fund.
7. **Promotion:** Successful applicants must provide Hospitality NT with photos and/or a testimonial for promotional purposes.

Applicant Signature:

Date:

Printed Name:

Upskill & Development Fund Expense Reimbursement Form

Name:

All receipts must be attached

Expense Period:

Date	Description	Cost

Total cost to be reimbursed: \$