

2009 Industry Scholarship Program Application

Applicant Name: _____

Applicant Surname: _____

Applications Close 24 September 2008



Queensland Hotels Association

QHA Scholarship Coordinator
PO Box 906
Fortitude Valley QLD 4006

Phone: 07 3872 4200
Fax: 07 3852 2234

www.queenslandhotels.com.au

Proudly Supported by:



Hospitality Training
Association Inc.

2009 Scholarship Application Form

Please read all the above information carefully before completing this application form.

The information provided will be used as a basis for selecting a short-list of candidates therefore, you are encouraged to be thorough in your answers and provide all necessary supporting documentation at the time of submission.

Please answer questions in your own handwriting.

Personal Details

Sex: Male Female (please circle)

Family Name: _____

Given Names: _____ DOB: __ / __ / __

Current Address: _____

Suburb: _____ State: _____ Pcode: _____

Home Number: _____ Mobile: _____

Email Address: _____

Academic Details

Senior School Currently Attending (or if completed School & year of completion): _____

Academic Achievements: eg. School Captain _____

Please attach a copy of your most recent school results.

Please indicate the Scholarship to which you are applying:

- Restaurant & Catering Queensland Scholarship
- Clubs Queensland Scholarship
- Hotel Motel and Accommodation Association Scholarship
- Liquor, Hospitality & Miscellaneous Union Scholarship
- Dick McGuire Scholarship
- Queensland Hotels Association Scholarship
- Hospitality Training Association Inc Scholarship

Although you are able to apply for more than one Scholarship, a separate application must be submitted for each Association.

Work Experience

Please list details of relevant work experience, while at school (e.g. casual/part-time jobs, vacation work and voluntary work). **Please attach a Resume.**

Position:

Employer:

Date commenced:

Duties/Skills obtained:

Position:

Employer:

Date commenced:

Duties/Skills obtained:

Position:

Employer:

Date commenced:

Duties/Skills obtained:

Other Skills and Achievements

Please list other relevant skills/achievements that may be relevant to your application:

In 250 words or less describe why you are interested in pursuing a career in the hospitality industry and what this Scholarship will mean to you:

In 250 words or less detail your future goals and ambitions:

Name:

Signature:

Date:

Relationship to applicant:

Referees

Please provide the names and contact details of two referees (e.g. teacher, employer but not a relative) who could be contacted regarding your application:

Name:

Name:

Street:

Street:

Suburb:

Suburb:

State / Postcode:

State / Postcode:

Email:

Email:

Telephone:

Telephone:

Fax:

Fax:

Occupation:

Occupation:

Relationship to applicant:

Relationship to applicant:

Application Endorsement

I hereby endorse this application and declare that I am a member of the Association in which this candidate is applying or a Teacher at the candidate's School:

Name:

Company/School:

Signature:

Date:

Applicant Declaration

I declare that the information provided in the application is complete and accurate.

Signature:

Date:

Parent/ Guardian

Signature:

Date:

(to be signed if the applicant is under 18 years of age)

Applications Close Wednesday, 24 September 2008 (5pm)

Please return this application and all supporting documents to:

QHA Scholarship Coordinator
PO Box 906
Fortitude Valley QLD 4006

Phone: 07 3872 4200

Fax: 07 3852 2234

Email: hta@hta.org.au

Web: www.queenslandhotels.com.au

All enquiries are to be directed to the Scholarship Coordinator. Please see contact details above.

Terms & Conditions

(to be completed by applicant and returned with completed Scholarship application)

I,

in applying for the 2009 Scholarship, agree to abide by the Terms & Conditions of the Scholarship and agree to abide by the Rules and Regulations set out in the HTA Student Handbook.

I understand that some areas of content may be common to more than one element or performance criteria and therefore competencies may be taught holistically and where the areas of content are common to more than one element or performance criteria, they may be integrated in both delivery and assessment. I also understand that assessment may not take place at the end of every learning outcome.

With this in mind I will undertake and complete all required competencies, assessments and assignments by a mixture of face to face delivery, self directed learning and on the job training. I also understand that to master some skills and competencies, I will have to take responsibility for my elements or performance criteria and this may require additional practice or self directed learning (self paced) in addition to the face to face delivery/ lectures or practical sessions. I understand that I have the opportunity to apply for RPL and/or Cross Credit.

Initials

I have read and understood the 2009 Scholarship Program Application and the HTA Diploma flyer and agree to abide by the terms and conditions contained therein. _____

I understand that the course is undertaken over three semesters, full-time, Monday to Friday (approx 6 – 8 hours per day) and could include some early morning classes and some evening sessions. _____

I understand that in addition to completing the academic component, I am required to undertake an internship each semester with a hospitality establishment in order to be awarded with the Diploma. _____

I understand that addition to my studies, I will also be required to act as an Ambassador for the Association in which I am applying and HTA to promote the Tourism and Hospitality industry. This may include visiting and presenting at high schools, participating in trade shows and other industry events as identified by HTA. _____

I am available to commence full-time study in January 2009.

I agree to maintain a professional presentation to meet industry standards at all times and conduct myself in a professional manner at all times. _____

I also agree to abide by HTA’s responsibilities and ethical practice agreements and comply with the rules and regulations of HTA’s Student Handbook at all times. _____

I give permission for HTA to utilise my name, image and the contents of my application for the purposes of marketing and promotion. _____

Signature of Applicant: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

(to be signed if the applicant is under 18 years of age)