



Grant Application Form

A. Instruction

1. Applicants must fill this fillable PDF form with the required information and email along with the listed documents.
2. Incomplete and late applications will not be assessed by TSLS. Applicants must strictly adhere to the set due dates and liaise with the Micro Qualification Grant Scheme Eligible Providers for requirements where necessary.
3. Duly completed form must be emailed to grants@tsls.com.fj.

B. Eligibility Criteria

The applicant must:

1. be a Fiji Citizen.
2. be ordinarily resident in Fiji for at least three (3) years before the award commencement date unless determined by the Service.
3. must obtain an offer letter from an eligible training provider or industry-based organisation with training facilities for the eligible grant skills set.
4. be at least 17 years at the time of application.
5. not be in any form of employment during the period of sponsorship.
6. not be an existing TSLS sponsored student or graduate (on active bond service) or sponsored through any other agency.
7. be an active Entrepreneur for Womens Small Business Operations skills set.

C. Personal Details

First Name		Surname	
TIN Number		Student ID Number	
Phone Contact		Email Address	
Name of Provider		Campus Name	

D. Skill Set Area

Tick

Construction	
Tourism & Hospitality	
Automotive	
Traditional Handicraft Making	
Performing Arts	
Community Tailoring	
Women's Small Business Operations	
Vocational Literacy and Numeracy	

E. Required Documents

No.	Description	Tick
1	Birth Certificate	
2	TIN Letter	
3	Offer Letter for a Skill Set Area from Eligible Provider	
4	Evidence of Entrepreneur for Womens Small Business Operations	

F. Applicant Declaration

The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that provision of false information in this application will disqualify me from the scheme. I also understand that TSLS reserves the right to seek any additional information deemed necessary for the purpose of assessing this application.

Applicant Name:

Signature:

Date:

G. For Official Use Only

The application has been

Approved

☐

Declined

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TSLS Authorised Officer Name: Signature: Date: