



Gambling Awareness Nova Scotia Team Professional Development Grant Application

Grants are awarded on an ongoing basis throughout the year, so there are no specific deadlines to apply.

Team grants are intended to build the capacity of service providers to address gambling harm Nova Scotian communities. Activities must therefore be designed to meet this goal.

Some examples of appropriate training activities include the following:

- A half- or full-day *Gambling 101* Workshop for staff or volunteers
- A workshop to increase clinicians' skills in interventions, addictions treatment, and case management for people experiencing gambling disorders
- A course on motivational interviewing techniques for eliciting motivation to change problem gambling behaviour
- Other relevant training that builds the capacity of participants to address problem gambling in their communities

Half-day workshops may be funded up to \$500.00.

Full-day workshops may be funded up to \$1000.00.

Organization Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

Email Address: _____

GANS Team Professional Development Grant

1. Number of team members attending the training: _____

2. If partnering with another organization or team, please list the organization or team:

3. What does your organization do that would bring staff members or volunteers into contact with people experiencing problems with gambling?

4. Nature of the training. Please include a proposed outline or agenda (this can be attached):

5. Who will be facilitating the training and what are his/her qualifications for providing training related to problem gambling? If a specific individual has not been chosen, include the name of the organization and type of position providing the training (e.g. Addiction Services Gambling Specialist):

6. How will the training build the capacity of participants to address problem gambling in their communities?

7. How will you acknowledge support from Gambling Awareness Nova Scotia?

Double click on the checkboxes below and choose “Checked” to indicate agreement

- I agree to provide a report to Gambling Awareness Nova Scotia within 30 days of completion of the training. I will use the form provided by the GANS.
- I agree to acknowledge Gambling Awareness Nova Scotia in all communications or promotional materials produced for the training as well as during the training day.

Signature: _____

Name: _____

Position: _____

Date: _____

GANS Team Professional Development Grant

BUDGET

Estimate as accurately as possible the costs you are requesting Gambling Awareness Nova Scotia to fund. Specify the subtotal amount required for each category and enter the total amount required.

ITEM	Amount
<u>Travel Expenses</u>	
Travel for team members located in different geographical areas	
Facilitator Travel	
Travel Expenses	Subtotal:
<u>Meeting Expenses</u>	
Venue (room rental if required)	
Refreshments	
Trainer / Facilitator Fee	
Resource Material	
Meeting Expenses	Subtotal:
<u>Other Expenses</u> (Please Explain)	
Other Expenses	Subtotal:
Total Amount Requested:	