# Targeted and Responsive Programs (TARP) application

## Workforce programs

| Grant details | | | | | |
|---|---|---|---|---|---|
| **Program title** | | | | | |
| **Program you're applying for (leave unmarked if unknown)** | | | | | |
| **Aboriginal Responsive Skilling Grant** | Y/N | **Aboriginal Workforce Grant** | Y/N | **Equity Training Program** | Y/N |
| **Industry Buildskills Program** | Y/N | **Pre-employment Program** | Y/N | **Territory Workforce Program** | Y/N |

| Applicant details | | | |
|---|---|---|---|
| **Legal entity name** | | **ABN** | |
| **Trading name** | | **RTO No.** | |
| **Contact name** | | **Position** | |
| **Phone number** | | **Mobile** | |
| **Email address** | | | |

| Registered training organisation (if different from applicant) | | | |
|---|---|---|---|
| **Legal entity name** | | **ABN** | |
| **Trading name** | | **RTO No.** | |
| **Contact name** | | **Position** | |
| **Phone number** | | **Mobile** | |
| **Email address** | | | |

| Partnering organisation (if applicable eg. employers) | | | |
|---|---|---|---|
| **Legal entity name** | | **ABN** | |

NORTHERN TERRITORY GOVERNMENT

| Accredited training details eg. Certificate IV | | | | |
|---|---|---|---|---|
| **Qualification title** | | **Qualification code** | | |
| **Nominal hours** | | | | |
| **Qualification title** | | **Qualification code** | | |
| **Nominal hours** | | | | |

| Non-accredited training details (if applicable) | | | |
|---|---|---|---|
| **Course name** | | | |
| **Nominal hours** | | **Industry recognised** | Y/N |
| **Course name** | | | |
| **Nominal hours** | | **Industry recognised** | Y/N |

| Program details | | | |
|---|---|---|---|
| **Training locations** | | **Dates** | |
| **Delivery method** | | | |
| **Targeted cohort** | | **Numbers** | |

**Provide details of how the training was identified and how will it be outcomes driven. Include details of how it will meet the individual and business needs and the pathways to training and/or employment.**

**Is work experience provided? If yes, outline details.**

**What is the transition arrangement or support following work experience placement? (if applicable)**

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**Community support (if applicable) – provide details of programs that are designed to occur in Aboriginal communities or impact specific communities**

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**Links to local employers, education, training providers and industry (provide letters of support if applicable)**

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## Budget details

| Description and costings | Amount (ex GST) | GST | Total | Funding source (employer contribution, TARP funding or other) |
|---|---|---|---|---|
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| **Total costs** |  |  |  |  |
| **Total funding to be provided by department** |  |  |  |  |

## Other funding details

| Will this program utilise supplementary funds from the Australian or Northern Territory Government? If yes, provide details. | Y/N |
|---|---|
| | |

## Declaration and privacy statement

1.  All information contained in the application for grant funding together with any attachments is complete, true and correct to the best of my knowledge;
2.  I am duly authorised to submit this application on behalf of the organisation named in the application;
3.  I understand that providing false or incorrect information to obtain a benefit may be a criminal offence;
4.  My organisation has read, understood and agrees to comply with any requirements and conditions set out in the grant information and application form for grant funding;
5.  I have read, understood and agree to the Privacy Statement below;
6.  To my knowledge, the organisation I represent:
    a)  is solvent;
    b)  does not have any conflict of interest to declare in relation to the application or the grant or funding program being applied for;
    c)  is in compliance with its incorporating legislation; and
    d)  is in compliance with all laws including work health and safety and workplace relations laws.
7.  I or another representative of my organisation will advise the Department immediately if any of the information provided in the application changes;
8.  I understand that the organisation I represent may be requested to provide further information in support of the application;
9.  If and where details of an organisation other than my organisation are included in the application, I confirm that the other organisation has been made aware of and has given permission for those details to appear in the application;
10. The organisation I represent gives consent to the Northern Territory Government making public its details and details of the funding or grant received should the application be successful;
11. Where my organisation has an ABN, I acknowledge that, if the application is successful, the Northern Territory Government has a legislative obligation to report details of grant funding paid to my organisation to the Australian Taxation Office.

The information you provide in this application is necessary to determine the suitability of your organisation for Northern Territory Government grant funding and will be used for this purpose and other purposes outlined above. If you do not provide the requested details, we may not be able to process your application. You can access, correct and update the personal information you provide to the Northern Territory Government by contacting the department on trainingoperations@nt.gov.au.

| Full name | | | |
|---|---|---|---|
| Employer | | Position | |
| Signature | | | |

# Further information

Please note that accepting any applications for consideration does not constitute approval of funding, and all funding applications are subject to normal funding assessment protocols and procedures.

Email your completed form to trainingoperations@nt.gov.au.