Aboriginal Responsive Skilling Grants application

Aboriginal Responsive Skilling Grants (ARSG) provide funding for training to assist Aboriginal Territorians to start and stay in jobs. Please discuss your proposal with your regional Workforce Development Officer¹ in your region before filling this form.

Organisation						
Name:						
Postal address:						
Contact persor	for this appl	ication:				
Position held in	n organisatior	n:				
Telephone:			,	Mobile:		
Email address:						
				nsive Skilling Gra	nt – This should address n/community.	
Does the project have community/industry support? YES / NO						
If Yes – outline support						

¹ https://nt.gov.au/learning/adult-education-and-training/workforce-development-officers



What are the objectives of this Aboriginal Responsive Skilling Grant?					
Training activities that lead to employment opportunities for Aboriginal Territorians YES / NO					
If Yes – list the identified employment opportunities committed for this Aboriginal Responsive Skilling Grant					
Position	Employer	· · · · · · · · · · · · · · · · · · ·		Commencement dates	
			,		
			,		
Training to support up-skilling of existing workers to enhance their career pathway and/or job options YES / NO					
If Yes – list the identified career pathways or job options committed for this Aboriginal Responsive Skilling Grant					
Job options	Proposed employer			spective bloyer	

Training that supports community based businesses and enterprises to provide employment and economic development opportunities	YES / NO			
If Yes – provide an overview of the community based businesses and enterprises to provide employment and economic development opportunities. Please attach any other information that might help your application (business plan, business case etc.)				
Are there any special conditions associated with the employment / economic developm (for example, Ochre Card, White Card, Criminal History Check, drug and alcohol test etc.)				
What are the strategic objectives / outcomes of this training program to the organisatio (dot points)	on / community?			

How many people w	ill attend the training?				
Number of males:		Number of fe	emales:		
Names of those people to attend training: (Must be provided prior to Department of Indust and Trade for approval)					
Names	Employment status - employed full-time/part- time/casual, CDP, unemployed	Date of Birth	Employer work locat		USI
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
Have all participants	understood and agreed to comp	lete the trainir	ng?		YES / NO
Have all participants	agreed to undertake employme	nt opportunitie	es?		YES / NO
	been made aware of any special e – especially Criminal History C				YES / NO
Have measures been taken by your organisation to ensure participants meet the special conditions for an employment outcome?			e special	YES / NO	
If Yes – describe measures taken? (dot points)			YES / NO		

Accredited train Officer)	ning act	ivities only (Can be completed	l with assistar	nce from t	the Workfor	ce Development
Accredited Trai	ning (Sk	xill set or Qualification)				
Name of RTO (I	f knowı	า):				
National Trainir	ng Pack	age:				
		is a complete course or qualification title or course				
Competency un	nit				Number of Trainees	Nominal hours
			T	Total r	nominal hou	rs
Commencing da	ate:		Completion date:			
How and where will the training be delivered?						
Department of	Industr	y, Tourism and Trade office us	se only			
Number of trainees:		Total nominal hours:		= AHC:		
Industry rate:		Regional / Remote allowance:		Total fun	ding:	

Budget - Non-Accredited Training Only (Can be completed with assistance from the Workforce Development Officer) - (for accredited training please turn to page 5)					
Item	Source of funding	Amount (excl GST)	GST amount	Total amount	
			5		
Total					
Total amount requested from this training	m Department of Indus	try, Tourism an	d Trade for	\$	
How and where will the train	ning be delivered?				
Trainer's Name					
Trainer's Organisation					
Trainer's Qualifications					
Trainer's Experience					
Has a training program been delivered – please provide a		etails of how th	e training will be	YES / NO	
Please attach any other infor letters with this application.	mation that might help	your applicatio	n for funding. In	clude any supporting	

What contribution will applicant organisation or community provide? (for example, percentage of training delivery costs, accommodation, training room, co-ordination, organizing students to attend training. Write the item and amount for example, Accommodation - \$50 per person per night)				
Is there any other external support provider, employer, to buy mater	ort for the above training activity (in ials used during the training)	ncluding fund	ling?) for example, CDP	
	Il you provide toward this training paints, fabrics, tools, cooking facilities	•	example, welders,	
Signature				
This application must be signed b	y a person authorised to sign for th	e applicant o	rganisation.	
To the best of my knowledge, all of the information provided in this application is correct.				
This organisation agrees to monit evaluation to the Department of	YES / NO			
(Please print)				
Name:				
Position:				
Organisation:				
Telephone (office and mobile):				
Email address:				
Signature:		Date:		