

NT Industry Buildskills Program 2018 application form

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Provide detailed responses to all the following questions that are applicable to your application. Supporting documentation will be required and can be attached.			
Important: The NT Industry Buildskills Program 2018 guidelines should be used as a guide to aid your application process.			
Proposed Program Name			
Industry Organisation / Employer / Lead Applicant Name:			
Trading Name			
Name of Contact			
Position held in organisation			
Phone		Mobile	
Email			
Postal Address			
ABN		RTO No.	
Partner Organisation / Employer Contact Details (1)			
Name of Organisation			
Name of Contact			
Position			
Phone		RTO No.	
Email			
Partner Organisation / Employer Contact Details (2)			
Name of Organisation			
Name of Contact			
Position			
Phone		RTO No.	
Email			
Partner Organisation / Employer Contact Details (3)			
Name of Organisation			
Name of Contact			
Position			
Phone		RTO No.	
Email			

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Program Objectives Outline	
Outline the proposed program, including proposed program delivery method and timetable:	
How was this training need identified?	
Industry restructuring?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Regulation / Legislative changes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
New licensing requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupational shortages?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes to any of the above please provide a copy of the relevant documentation to support your application	
Other – Please specify and provide a copy of the relevant documentation to support your application	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Partnerships			
Contribution/support from employers involved in this program. For example, a mandatory co-contribution of 20% per person for the training costs is required by each employer.			
Have all employers agreed to the co-contribution to be paid to the training provider			Yes <input type="checkbox"/> No <input type="checkbox"/>
Will this program utilise supplementary funds or resources from other Australian or Northern Territory Government or non-government programs? If yes, please provide relevant details.			
Details of the Accredited Training Program			
Title of Qualification or unit/s of competency			
National Code			
Proposed Start Date		Proposed End Date	
Training Provider Name			
RTO No.			
Location of Training			

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List of competencies (for accredited training)		
Unit Code	Unit Name	Nominal Hours
Total Hours		

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List of participating Employers: (must be provided prior to Department of Trade, Business and Innovation for approval)		
Employer Name	Phone	Address

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Names of participants: (must be provided prior to Department of Trade, Business and Innovation for approval)	
Participant Name	Employer Name
Have all participants understood and agreed to complete the training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this training aligned to the participant's current job description?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Foundation Skills Support

What foundation skills, including language, literacy and numeracy support will be available to participants?

What equipment or materials will you provide toward this training program? (for example, welders, registered vehicles, chainsaws, paints, fabrics, tools, cooking facilities etc)

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Budget	
Details	Costs
Total	
Supporting documents attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of pages attached	
Please give details of supporting documents:	

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Signed (Applicant and Partner Organisation/s)			
Should this application be successful, we the undersigned hereby agree that the details relation to the granted program may be publicly released by the Department of Business			
Note: If there are additional signatures required, please list them below.			
Organisations	Contact Name	Signature	Date