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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Before you fill in the form 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 Guidelines](https://nt.gov.au/__data/assets/pdf_file/0017/502190/industry-buildskills-program-guidelines.pdf) should be used as a guide to aid your application process. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program objectives and outcomes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How was this training need identified? Select one or more of the following industry specific skilling needs and provide evidence to support this claim. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Whole of industry restructuring? | | | | | | | | | | | | | | | | | | | | | | | | | | | Y/N | | |
| Please provide a summary with examples: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Industry experiencing high growth and or demand? | | | | | | | | | | | | | | | | | | | | | | | | | | | Y/N | | |
| Please provide a summary with examples: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupational shortage demand? | | | | | | | | | | | | | | | | | | | | | | | | | | | Y/N | | |
| Please provide a summary with examples: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outline the proposed program, and how it will address the industry specific skilling need.  Include proposed program plan, delivery method and timetable. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the expected employment outcome? e.g. upskilling and/or transitioning to new job | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Partnerships | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial support from the organisation and project partners of at least 20% of the project costs is expected.** Please outline the co-contribution below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will this program utilise supplementary funds or resources from other Australian or Northern Territory Government or non-government programs? | | | | | | | | | | | | | | | | | | | | | | | | | | Y/N | | | |
| If yes 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 | | | | | | |  | | | | | | |
| List of competencies for accredited training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Unit code** | | | |  | | | | | | | | | Unit name | |  | | | | | | | | | Nominal hours | | | | |  |
| **Unit code** | | | |  | | | | | | | | | Unit name | |  | | | | | | | | | Nominal hours | | | | |  |
| **Unit code** | | | |  | | | | | | | | | Unit name | |  | | | | | | | | | Nominal hours | | | | |  |
| **Unit code** | | | |  | | | | | | | | | Unit name | |  | | | | | | | | | Nominal hours | | | | |  |
| **Unit code** | | | |  | | | | | | | | | Unit name | |  | | | | | | | | | Nominal hours | | | | |  |
| **Unit code** | | | |  | | | | | | | | | Unit name | |  | | | | | | | | | Nominal hours | | | | |  |
| **Unit code** | | | |  | | | | | | | | | Unit name | |  | | | | | | | | | Nominal hours | | | | |  |
| **Unit code** | | | |  | | | | | | | | | Unit name | |  | | | | | | | | | Nominal hours | | | | |  |
| **Unit code** | | | |  | | | | | | | | | Unit name | |  | | | | | | | | | Nominal hours | | | | |  |
| **Unit code** | | | |  | | | | | | | | | Unit name | |  | | | | | | | | | Nominal hours | | | | |  |
| **Unit code** | | | |  | | | | | | | | | Unit name | |  | | | | | | | | | Nominal hours | | | | |  |
| **Unit code** | | | |  | | | | | | | | | Unit name | |  | | | | | | | | | Nominal hours | | | | |  |
| **Total hours** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| List of participating employers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer name** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Phone | |  | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | |
| **Employer name** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Phone | |  | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | |
| **Employer name** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Phone | |  | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | |
| **Employer name** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Phone | |  | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | |
| Have all employers informed participants of training understood and agreed complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y/N | |
| Is this training aligned to the participant’s current job description? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y/N | |
| Budget | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details | | |  | | | | | | | | | | | | | | | | | | | | | | Costs | | |  | |
| Details | | |  | | | | | | | | | | | | | | | | | | | | | | Costs | | |  | |
| Details | | |  | | | | | | | | | | | | | | | | | | | | | | Costs | | |  | |
| Details | | |  | | | | | | | | | | | | | | | | | | | | | | Costs | | |  | |
| Details | | |  | | | | | | | | | | | | | | | | | | | | | | Costs | | |  | |
| Details | | |  | | | | | | | | | | | | | | | | | | | | | | Costs | | |  | |
| Total | | |  | | | | | | | Supporting documents attached | | | | | | | | | | Y/N | Number of pages attached | | | | | | |  | |
| If relevant, provide details of supporting documents and what skilling need they address. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Privacy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of Industry Tourism and Trade (DITT) respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the Northern Territory Information Act 2002.  You have been asked to provide personal information necessary for us to assess your application. You do not have to provide your personal information but if you choose not to, your application assessment may be delayed.  The information you provide will be accessible to DITT and will only be used to provide a department service or program.  We will not disclose your personal information to third parties unless:   * authorised or required by law to do so. * you have given us your consent to share your personal information for a specific purpose.   You may request access to the personal information we hold about you.  To find out more read our [privacy policy](https://industry.nt.gov.au/publications/business/policies/privacy-policy). If you want more information about the Northern Territory’s privacy laws, please refer to the Northern Territory Information Act 2002, or the [Office of the Information Commissioner NT](https://infocomm.nt.gov.au/). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 DITT.  If there are additional signatures required, please list them below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organisation | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | |  | | | | | | | | | | | | | | | Date |  | | | | | | | | |
| Organisation | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | |  | | | | | | | | | | | | | | | Date |  | | | | | | | | |
| Organisation | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | |  | | | | | | | | | | | | | | | Date |  | | | | | | | | |
| Further information Email your completed form and any attachments to [trainingoperations@nt.gov.au](mailto:trainingoperations@nt.gov.au) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |