|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Officer[[1]](#footnote-1) in your region before filling this form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organisation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Contact person for this application: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Position held in organisation: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Telephone: | | |  | | | | | | | | | | | | | Mobile: | | |  | | | | | | | | | | | |
| Email address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Background – Why are you applying for Aboriginal Responsive Skilling Grant – This should address existing and/or future employment opportunities/needs of the organisation/community. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the project have community/industry support? | | | | | | | | | | | | | | | | | | | | | | | YES / NO | | | | | | | |
| If Yes – outline support | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | Hours per week | | | | | 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 | | | | | | | | | | | | | | | Prospective employer | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
| 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 development outcomes? (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 organisation / community? (dot points) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many people will attend the training? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Number of males: | | | | | |  | | | | | | | | Number of females: | | | | | | |  | | | | | | | | | |
| Names of those people to attend training: (Must be provided prior to Department of Industry, Tourism and Trade for approval) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Names | | | | | | Employment status -employed full-time/part-time/casual, CDP, unemployed | | | | | | | | Date of Birth | | | | Employer and work location | | | | | | | | | | | | 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 complete the training? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES / NO |
| Have all participants agreed to undertake employment opportunities? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES / NO |
| Have all participants been made aware of any special conditions associated with the employment outcome – especially Criminal History Check and drug and alcohol testing? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES / NO |
| Have measures been taken by your organisation to ensure participants meet the special conditions for an employment outcome? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES / NO |
| If Yes – describe measures taken? (dot points) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES / NO |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Accredited training activities only (Can be completed with assistance from the Workforce Development Officer) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accredited Training (Skill set or Qualification) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Name of RTO (If known): | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| National Training Package: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| If the program offered is a complete course or qualification – name of qualification title or course name | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Competency unit | | | | | | | | | | | | | | | | | | | | Number of Trainees | | | | | | | | | | Nominal hours |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
| Total nominal hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Commencing date: | | | | | | |  | | | | | | | Completion date: | | | | | |  | | | | | | | | | | |
| How and where will the training be delivered? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department of Industry, Tourism and Trade office use only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of trainees: | | | |  | | | | | | | Total nominal hours: | | | |  | | = AHC: | | | | | |  | | | | | | | |
| Industry rate: | | | |  | | | | | | Regional / Remote allowance: | | | | |  | | Total funding: | | | | | |  | | | | | | | |
| 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 | | | | | |
|  | | | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |
| Total | | | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |
| Total amount requested from Department of Industry, Tourism and Trade for this training | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | |
| How and where will the training be delivered? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trainer’s Name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Trainer’s Organisation | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Trainer’s Qualifications | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Trainer’s Experience | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Has a training program been developed outlining details of how the training will be delivered – please provide a copy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES / NO | |
| Please attach any other information that might help your application for funding. Include any supporting letters with this application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 for the above training activity (including funding?) for example, CDP provider, employer, to buy materials used during the training) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What equipment or materials will you provide toward this training program? (for example, welders, registered vehicles, chainsaws, paints, fabrics, tools, cooking facilities etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This application must be signed by a person authorised to sign for the applicant organisation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To the best of my knowledge, all of the information provided in this application is correct. | | | | | | | | | | | | | | | | | | | | | | YES / NO | | | | | | | | |
| This organisation agrees to monitor the training and provide a written evaluation to the Department of Industry, Tourism and Trade. | | | | | | | | | | | | | | | | | | | | | | YES / NO | | | | | | | | |
| (Please print) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Position: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Organisation: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Telephone (office and mobile): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Email address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | |  | | | | | | | | Date: | | | | | |  | | | | | | |
| End of form | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |

1. <https://nt.gov.au/learning/adult-education-and-training/workforce-development-officers> [↑](#footnote-ref-1)