Energising Tasmania – Existing Worker Fund  
Employer Support

*Please complete all questions*

|  |  |
| --- | --- |
| **Application ID** |  |
| **EMPLOYER INFORMATION** |  |
| Name of Employer/Business Name |  |
| Industry sector (select one) | Advanced Manufacturing  Energy – water  Energy- electricity  Energy – hydrogen  Energy – wind  Energy - solar  Engineering  Infrastructure - civil construction  Infrastructure - building and construction, excluding residential |
| Number of employees selected to participate in this program/s? |  |
| Nominated Employer Contact |  |
| Position |  |
| Phone Number |  |
| Primary Email |  |
| **RTO INFORMATION** |  |
| RTO partner name |  |
| Have you partnered with this RTO previously? | Yes / No |
| Can you outline why you have chosen to partner with this RTO? \* |  |
| **Qualification(s) requested** |  |

\*You should identify if the previous partnership with this RTO provided training to your existing workforce, used to recruit new workers or both.

|  |
| --- |
| 1. As a business operating in the broader energy and infrastructure space, how will this training be to your benefit?What is the business imperative for this training? This could include improved product/process quality, increased efficiencies, business growth, expansion and/or sustainability. |
|  |

|  |
| --- |
| 1. How have you determined the need for this training? This could include a strategic business plan, skills needs analysis, referencing recent workforce development activity in the energy and infrastructure space (see Energising Tasmania Training Fund page for further information regarding this activity). |
|  |

|  |
| --- |
| 1. What has been your involvement in the development and design of this program and application? Do you understand the proposed timeframe of when the program will be delivered if successful, noting training may not begin until late 2021? |
|  |

|  |
| --- |
| 1. What are your success measures, i.e. how will you know if the training has achieved what you wanted it to achieve? |
|  |

By **signing** this form:

* I **CONFIRM** that I have viewed the completed application.
* I **CONFIRM** that the proposed qualification and/or skill sets, the number of training places requested by the RTO, the program structure and duration reflects the needs of my organisation.
* I **AGREE** to release my employees, nominated for this program, within their normal work time to participate in the training as outlined in the training summary.
* I **AGREE** to participate in a post-program evaluation.
* I **ACKNOWLEDGE** that the information I provide in this document supports the application only and may not result in a grant.

|  |  |
| --- | --- |
| Name/Position/Organisation |  |
| Signature and Date |  |