Skills Fund – ST057
Employer Support (including Business Group)

*Please complete all questions*

|  |  |
| --- | --- |
| **Application ID** |  |
| **EMPLOYER INFORMATION** |  |
| Name of Employer/Business Name |  |
| Number of Full-time equivalent employees employed by the business |  |
| Number of employees selected to participate in this training program/s? |  |
| Employer Contact |  |
| Position |  |
| Phone Number |  |
|  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/skill set program(s)** | Qualification / Skill set Code and Title | Number of employees to undertake training |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*You should identify if the previous partnership with this RTO provided training to your existing workforce.

|  |
| --- |
| 1. 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 or skills needs analysis.
 |
|  |

|  |
| --- |
| 1. What has been your involvement in the development and design of this training program and the application? Do you understand that is this application is successful, training may not begin until 2022?
 |
|  |
| 1. 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 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 content of the application only and may not result in a grant.

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