Adult Learning Fund (ST052) – Pre-Jobseeker Stream  
Employer Support

*Please complete all questions*

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| **Application ID** |  |
| **EMPLOYER INFORMATION** |  |
| Name of Employer/Business Name |  |
| 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/skill set program(s)** |  |

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

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| 1. What is your reason for being involved in this training program/s? |
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| 1. **In your opinion, do you believe that each program of training presented to you, reflects industry needs and will help the learner on their journey to employment?** | Yes / No |

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| 1. What will your role or your organisation’s role be in this program? This could range from helping with the recruitment of learners, development of the program, provide industry visits, guest speaker, work placements or employment opportunities. |
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| 1. **If you are providing a work placement hosting opportunity, has the RTO explained to you how work placements work and what your hosting role and responsibility are?** | Yes / No |
| 1. **Do you have a current MOU or agreement with the RTO to provide work placement/experience opportunities?** | Yes / No |
| 1. **If you are providing a work placement hosting opportunity, how many learners are you intending to host for each training program/s?** |  |

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 actively participate in the program 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 does not guarantee a grant.

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