Skills Fund (ST057)
Industry Association Support

*Please complete all questions*

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| **Application ID** |  |
| **INDUSTRY ASSOCIATION INFORMATION** |  |
| Name of Association |  |
| Nominated Contact Person |  |
| 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?  |  |
| **List the Qualification(s)/skill set(s) code and title that the application is related to.** |  |
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| 1. After consulting with your MEMBERS, outline the main reasons they identified the need for this training. This could include improved product/process quality, increased efficiencies, business growth, expansion and/or sustainability.
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| 1. Provide evidence of the organisations who have indicated they wish to participate in this training program and the number of employees they want to participate. Evidence must be provided by each employer using one of the following formats:

1. completed Employer Support template; 2. completed expression of interest form; or 3. emails that identify the training program (qualification/skill set), number of employees for each program and the need for this training. |

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| **Employer/s name** | **Number of employees participating** | **Evidence of need attached** |
|  |  |[ ]
|  |  |[ ]
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| 1. How have you involved your employer MEMBERS in the development and design of this program and application? Do they understand that if successful, training may not begin until 2022?
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| 1. How will your MEMBERS know if the training has achieved what they wanted it to achieve?
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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 MEMBERS.
* 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.

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| Name, Position and Organisation |  |
| Signature and Date |  |