Rapid Response - Careers in Aged Care and Disability Support (ST056)   
Employer Support

*Please complete all questions*

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| **Application ID** |  |
| **EMPLOYER INFORMATION** |  |
| Business Name |  |
| Industry sector | Aged Care or Disability  (please delete or cross the one which doesn’t apply) |
| Contact Person |  |
| Position |  |
| Phone Number |  |
| Primary Email |  |
| **REGISTERED TRAINING ORGANISATION (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?\* |  |

\*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. What will your role or your organisation’s role be in this program? This could range from recruitment of learners (helping the RTO to identify learners suitable for working in your industry), development of the program, provide industry visits, guest speaker, work placements or employment opportunities. |
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| 1. **Has the RTO explained to you how work placements work and what your hosting role and responsibilities are?** | Yes / No |
| 1. **Do you have a current Memorandum of Understanding (MOU) or agreement with the RTO to provide work placement/experience opportunities?** | Yes / No |

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| 1. **Would you consider this program a potential recruitment source? If ‘Yes’, please complete the table below.** | Yes / No |

Please complete this table for each program you are supporting.

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| **Qualification Program** | **Number of learners you are providing a work placement opportunity to** | **The number of jobs you MAY be in a position to offer to job seekers in this qualification in the next 12 months**  **(NOTE: this is not a commitment to employ any of the learners in this program and will be used only as an indicator of possible future jobs)** |
| Certificate III in Individual Support – General |  |  |
| Certificate III in Individual Support (Ageing) |  |  |
| Certificate III in Individual Support (Disability) |  |  |
| Certificate III in Individual Support (Home and Community Care) |  |  |
| Indicate stream combination:  Certificate III in Individual Support |  |  |

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 and/or the industry.
* 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 |  |