

Skills Development Program funding application form

Recipient details					
Business name:					
Address:					
Contact person:					
Email:					
Phone number:					
Industry/sector:					
How many Pacific Australia Labour Mobility (PALM) scheme workers do you currently have employed?					
Number of requested participants:					
Details of participants to undertake training	Name	Gender	Country of origin	Recruitment plan number (if known)	Arrival date (if known)
(add lines as required)					
Training details (please tick those that apply and complete - consult your training provider)					
□ Accredited		🗆 Non-accredi	ted/other		
Qualification title and code:		Title:			
Unit of competency title and code:					
Justification for type of training:					
Please write how the training is beneficial and why it requires funding					
Training date or the date all training is planned to be completed by:					
 Short courses should be undertaken within 4 weeks of the date of approval. Please inform the Department of Employment and Workplace Relations (DEWR) if this is not achievable. 					





 Full certificate courses should commence of 4 weeks of the date of approval - complete date to be noted on the application. 			
Cultural context:			
Please consult your training provider and exp how they intend to contextualise delivery to it is culturally appropriate and meets the lea needs of the Pacific and/or Timor-Leste work	ensure rning		
Language literacy and numeracy (LLN):			
Ask your registered training organisation (RT they intend to address the LLN requirements identified group and record the response her	of the		
Costs for training			
Costs for training payable by employer	Total cost of training:		
(Please attach quote from the training provid	er) Cost per worker:		
Desistand training arganization			
Registered training organisation			
Organisation name:			
Organisation name:			
Organisation name: RTO Number:	Email:		
Organisation name: RTO Number: Address of proposed training:	Email: Mobile:		
Organisation name: RTO Number: Address of proposed training: Contact:			
Organisation name:RTO Number:Address of proposed training:Contact:Phone:			
Organisation name:RTO Number:Address of proposed training:Contact:Phone:Training provider details (if not an RTO)			
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Organisation name: Image: Contact: Address of proposed training: Image: Contact: Phone: Image: Contact: Training provider details (if not an RTO) Image: Contact: Organsiation name: Image: Contact: Address of proposed training: Image: Contact: Contact: Image: Contact:	Mobile: Email:		

- Copy of invoice from training provider outlining training listed in the approved request for funding support.
- A receipt/remittance for payment for training/course listed in the approved request for funding support.
- An invoice from the employer for the amount to be reimbursed by DEWR as stated in the approval email.

The invoice should include the following:

- account name including contact details.
- BSB number/account number.
- Copy of certificates/tickets for each worker provided to DEWR (after training is completed).

For participants who do not achieve competency, or pass the training course, applications for reimbursement will only be considered where evidence supports at least 75% attendance.





<u>Please note</u> : DEWR requires ALL of the above documentation before proceeding to payment.				
Employer name	Signature	Date		
□ I hereby declare that all information provided in this application is accurate and true. I understand that providing false or misleading information could impact on the funding reimbursement process and future request for funding applications.				





Skills Development Program objectives

To increase the skills and capacity of PALM scheme workers in Australia by providing culturally sensitive and appropriate opportunities for quality education and training. The program also supports PALM scheme employers' business goals by addressing existing and emerging skills and knowledge needs of staff.

Approval criteria

Please complete the following questions to confirm the stated training is relevant to the worker/s current role and future skills and development.

Training objective	Expected training outcomes	Explanation	
	(Please tick all that apply)	(Please explain why the expected training outcomes will meet the training objective)	
 The training delivers benefits for your business. 	□ addresses identified skills shortages	E.g., The training will increase the level of skills in our workforce, which we can transfer into work duties and	
	better workplace health and safety	responsibilities. These duties will ensure for a smoother and safer operation of our business.	
	increased worker motivation		
	improved workforce sustainability		
	increased efficiencies		
	development of a multi-skilled workforce		
	better collaboration within your business		
	other		
	1		
2. The training delivers benefits for PALM scheme workers.	potential increase in wages for workers	E.g. training will increase worker skills and capacity to support current and emerging skills shortages. In addition	





PALM Pacific Australia Labour Mobility			
	potential promotion for workers	to this we expect over time as the working group develop skills and abilities this will lead to increased responsibilities and potentially wage increases.	
	□ increased responsibilities/competencies	responsibilitetes and potentially mage increases.	
	skills that are transferrable to a workers' host country and supports reintegration		
	potential pathway to further skills and training development		
	□ other		
3. The training demonstrates value for money.	Careful consideration should be given to the costings of training programs to ensure they represent value for money.	E.g. the cost of the training reflects domestic rates taking into consideration any specific requirements of your organisation.	
	□ the cost of the program meets market expectations	~	
	□ other		

