

## 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 c	omplete - consult	your training pro	ovider)	
☐ 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 achieveable.					
Full certificate courses should commence within					



4 weeks of the date of approval - complet date to be noted on the application.	ion
Cultural context:  Please consult your training provider and exp how they intend to contextualise delivery to it is culturally appropriate and meets the lead needs of the Pacific and/or Timor-Leste work	ensure arning
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	Cost per worker:
Registered training organisation	
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)	
Organisation name:  RTO Number:  Address of proposed training:  Contact:  Phone:  Training provider details (if not an RTO)  Organsiation name:	
Organisation name:  RTO Number:  Address of proposed training:  Contact:  Phone:  Training provider details (if not an RTO)  Organsiation name:  Address of proposed training:	Mobile:

## Funding reimbursement

The employer agrees to cover cost of training and be reimbursed by DEWR. The following documents should be submitted within 4 weeks upon completion of training for reimbursement:

- 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.





Please note: DEWR requires ALL of the above documentation before proceeding to payment.				
Employer name	Signature	Date		
$\Box$ 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 responsibilities. These duties will ensure for a smoother and safer operation of our business.	
	☐ better workplace health and safety		
	☐ increased worker motivation		
	☐ improved workforce sustainability		
	☐ increased efficiencies		
	☐ development of a multi-skilled workforce		
	☐ better collaboration within your business		
	□ other		
The training delivers benefits for PALM scheme workers.	potential increase in wages for workers	g. training will increase worker skills and capacity to pport current and emerging skills shortages. In addition	
	potential promotion for workers	to this we expect over time as the working group develop skills and abilities this will lead to increased	



	☐ increased responsibilities/competencies	responsibilities and potentially wage increases.
	skills that are transferrable to a workers' host country and supports reintegration	
	potential pathway to further skills and training development	
	□ other	
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	