Skills Development Program

# Funding application guide

If you are an employer in the Pacific Australia Labour Mobility (PALM) scheme, you can apply for funding support for worker skills development.

The following information can be used to help you complete the application form found on the [PALM scheme website](https://www.palmscheme.gov.au/skills-development-program).

You can also request an application form by emailing (PALMCapability@dewr.gov.au).

Please ensure you complete the entire form.

Once completed, please send your application form back to (PALMCapability@dewr.gov.au).

For more detailed information on the skills development program, visit the [skills development page](https://www.palmscheme.gov.au/skills-development-program) on the PALM scheme website, or read the [frequently asked questions](https://www.palmscheme.gov.au/resources/skills-development-program-frequently-asked-questions).

### How does the training help your business and workers?

Completed applications will be processed and assessed against the following 3 training objectives:

* the training delivers benefits for your business
* the training delivers benefits for PALM scheme workers
* the training demonstrates value for money.

The application form is designed to show how the identified training aligns with and addresses your workforce development needs. If your business has a workforce development plan, you may wish to include the relevant sections with your application.

You will also need to show how the training will support the workers in their current role and how it will assist them upon return to their home country.

Finally, you will need to demonstrate the value-for-money proposition for training at tier 3 and above.

Please see below an example of how to fill out the relevant sections of the funding application form. If you require further assistance, contact (PALMCapability@dewr.gov.au).

**Skills Development Program funding application form**

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| **Recipient details**  |
| **Business name:** | Please include your business name, and host labour hire company (if applicable) |
| **Address:** | The address of the site the applied PALM scheme workers are based |
| **Contact person:** | Preferred person to correspond with |
| **Email:**  | Preferred email correspondence |
| **Phone number:** | Preferred phone contact number |
| **Industry/sector:** | e.g agriculture, horticulture, hospitality, etc.  |
| **How many Pacific Australia Labour Mobility (PALM) scheme workers do you currently have employed?**  | Number of total PALM scheme workers employed at the time of the application |
| **Number of requested participants:** | e.g. 3 |
| **Details of participants to undertake training***(add lines as required)* | **Name** | **Gender** | **Country of origin** | **Recruitment plan number (if known)** | **Arrival date****(if known)** |
|  Worker Name Worker Name Worker Name |  Female Male Male |  Tonga Fiji Vanuatu  |  RP000 RP000 RP000 |  17/05/2024 17/05/2024 17/05/2024 |
| **Training details (please tick those that apply and complete – consult your training provider)** |
| **☐ Accredited** If the training is accredited, please tick this box.Qualification title and code: Please state the title and code of the training being applied for.Unit of competency title (UOC) and code: The UOC can be obtained from www.training.gov.au | **☐ Non-accredited/other** If training is non-accredited, please tick this box.Title: Please state the name of the training being applied for. |
| Justification for type of training:*Please write how the training is beneficial and why it requires funding* | *For example:**PALM scheme workers on our worksite will be handling chemicals within their role and will be required to do this safely. This will meet our commitment to maintaining a safe workplace environment. The applicants identified are yet to complete training.* |
| 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 within 4 weeks of the date of approval - completion date to be noted on the application.*
 | *For example:**Please provide date of training, including if a single date or if multiple dates over a period, only include the latest date of completion.* |
| Cultural context:*Please consult your training provider and explain how they intend to contextualise delivery to ensure it is culturally appropriate and meets the learning needs of the Pacific and/or Timor-Leste workers.* | *For example:**The provider understands and appreciates diverse cultures and has built respectful relationships with Pacific and Timor-Leste people.* *The provider will ensure that all training material will be in plain english and provided through visual and written materials.**The trainer will provide support and adapt* *learning styles to create a safe learning environment.* |
| **Language literacy and numeracy (LLN):***Ask your registered training organisation (RTO) how they intend to address the LLN requirements of the identified group and record the response here.* | *For example:**The provider will conduct LLN testing to confirm the workers language, literacy and numeracy skills.** *The provider aims to use plain english training materials that are easy to understand.*
* *Presenting information clearly.*
* *Using graphics, pictures and tables to support text.*

*The employer has offered for a team leader to attend and can interpret if required.* |
| **Costs for training** |
| **Costs for training payable by employer**(Please attach quote from the training provider) | **Total cost of training:** |
| **Cost per worker:** |
| **Registered training organisation** |
| **Organisation name:** |  |
| **RTO Number:** |  |
| **Address of proposed training:** |  |
| **Contact:**  |  | **Email:**  |
| **Phone:** |  | **Mobile:**  |
| **Training provider details (if not an RTO)** |
| **Organsiation name:** |  |
| **Address of proposed training:** |  |
| **Contact:**  |  | **Email:** |
| **Phone:** |  | **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** |
| Please write your full name. | Sign here | The date signed |
| [ ] 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. Read and confirm declaration. |

## 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****(*Please tick all that apply)*** | **Explanation****(*Please explain why the expected training outcomes will meet the training objective)*** |
| 1. 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.**If ticked other, please explain further.* |
| * 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
 |
|  |
| 1. 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 to this we expect over time as the working group develop skills and abilities this will lead to increased responsibilities and potentially wage increases.*       |
| * potential promotion for workers
 |
| * increased responsibilities/competencies
 |
| * skills that are transferrable to a workers’ host country and supports reintegration
 |
| * potential pathway to further skills and training development
 |
| * other
 |
|  |
| 1. 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.**If ticked other, please explain further.*      |
| * the cost of the program meets market expectations
 |
| * other
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