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| Industry Proposal Application form | | | | |
| Privacy statement and collection notice  The Department of Trade, Employment and Training (DTET) collects information about the organisation applying for funding, which will be used for the purpose of assessing and verifying the information contained in the industry proposal.  This information may include forms of ‘personal information.’ DTET will not use or disclose your personal information unless authorised or required by law. However, as part of the assessment and verification process, DTET may share relevant information about your proposal, including personal information, with other government agencies, institutions or organisations to ensure the accuracy and alignment of your proposal with funding objectives.  All personal information will be handled in accordance with the *Information Privacy Act 2009*. | | | | |
| Section 1. Applicant details | | | | |
| Legal name of organisation | Click or tap here to enter text. | | | |
| Trading name *(if different from above)* | Click or tap here to enter text. | | | |
| Authorised contact details  (Note: we will only contact  this person to discuss the proposal) | Title | | Click or tap here to enter text. | |
| Name | | Click or tap here to enter text. | |
| Position | | Click or tap here to enter text. | |
| Phone | | Click or tap here to enter text. | |
| Email | | Click or tap here to enter text. | |
| Address | Address | | Click or tap here to enter text. | |
| Town/suburb | | Click or tap here to enter text. | |
| State | | Click or tap here to enter text. | |
| Postcode | | Click or tap here to enter text. | |
| Is your organisation including your parent company operating a registered training organisation (RTO)? | Yes  No | | | |
| Provide additional information if needed | Click or tap here to enter text. | | | |
| Declaration from authorised contact (listed above)  This section requires the nominated authorised contact to certify:   * I confirm the information provided in this proposal and its attachments is true and correct. * I acknowledge DTET may assess this proposal, seek additional information and share details with other relevant government agencies, institutions or organisations as part of the assessment process. * I understand submitting this proposal does not guarantee funding approval. | | | | |
| Signature | | Click or tap here to enter text. | | |
| Authorised contact name | | Click or tap here to enter text. | | |
| Date | | Click or tap here to enter text. | | |
| Section 2. Qualification or skill set details | | | | |
| 2.1 VET in schools (VETiS), Career Start and/or Career Boost programs  All training products (qualifications and skill sets) must be nationally recognised and listed on [www.training.gov.au](http://www.training.gov.au). | | | | |
| * VET in schools (VETiS) – funds Certificate I and II level qualifications for students at school in years 10, 11 and 12. * Career Start - funds Certificate III or lower level qualifications. * Career Boost - funds Certificate IV, Diploma or Advanced Diploma level qualifications including nationally recognised skill sets. | | | | |
| * What training pathway are you proposing for this qualification? (tick all relevant boxes)   General training  Apprenticeship or traineeship\*  \*Note: Proposals for apprenticeship or traineeship funding will only be progressed after the qualification has been declared. To declare a qualification, complete the [Declaration of an apprenticeship or traineeship and the allocation of funding arrangements application](https://www.publications.qld.gov.au/dataset/apprenticeship-and-traineeship-operational-policies-and-procedures/resource/7f80c7c5-ba77-4f91-8179-e52e7373989c) | | | | |
| Are you seeking approval for the qualification to be funded under the VETiS program?  Yes\*  No  \*Note: Access to VETiS funding is limited and restricted to Certificate I or Certificate II level qualifications. These qualifications must also demonstrate a clear pathway to post-school employment or further VET participation. | | | | |
| Qualification / Skill set code | | Click or tap here to enter text. | | |
| Qualification / Skill set name | | Click or tap here to enter text. | | |
| Is the qualification / skill set offered in other States or Territories? | | Click or tap here to enter text. | | |
| Is the qualification / skill set funded by other State and/or Territory governments? | | Click or tap here to enter text. | | |
| Is the qualification a declared apprenticeship/traineeship? | | Click or tap here to enter text. | | |
| What occupation/s are you trying to support through the funding of the qualification / skill set?  You must provide the occupation name and corresponding ANZSCO code. | | Click or tap here to enter text. | | |
| Section 3. Labour market demand and training outcomes | | | | |
| 3.1 Provide current data or research that highlights existing or anticipated labour shortages and tell us how the qualification or skill set will directly respond to these labour market demands.  Click or tap here to enter text. | | | | |
| 3.2 Tell us about the demand for new entrants, pathways into the labour market, career advancement opportunities and/or anticipated job outcomes for those who complete the training.  Click or tap here to enter text. | | | | |
| 3.3 Tell us about the potential size of the training market for this qualification or skill set and support your claims with data or research. This should include anticipated commencement numbers for students per year over the next three years and the names of key employers or peak industry associations willing to promote the training product.  Click or tap here to enter text.  Year 1 Choose an item.  Year 2 Choose an item.  Year 3 Choose an item. | | | | |
| 3.4 Tell us about any legislative or licensing requirements linked to the qualification or skill set and describe the recognition it holds within the career pathway. Additionally, provide information on how possessing this qualification benefits graduates, including any data on improved earnings for qualified versus unqualified persons.  Click or tap here to enter text. | | | | |
| 3.5 Provide any additional information you believe further supports or is relevant to your proposal.  Click or tap here to enter text. | | | | |
| Section 4. Registered Training Organisations | | | | |
| Provide details of RTO’s who are existing [Skills Assure Suppliers](https://desbt.qld.gov.au/training/providers/sas/contracting) (SAS) relevant to the program the qualification or skill set is requested for and is interested in lodging a variation request against their SAS agreement. Alternatively, provide details of any non-SAS approved RTOs and the reason for their nomination.  RTOs must be able to demonstrate industry delivery requirements and delivery history evidence in the associated qualification or skill set or industry training area. We are unable to consider proposals where there are no existing RTOs that have scope of registration to deliver the qualification/s. | | | | |
| Legal name of RTO | | Click or tap here to enter text. | | |
| Trading name  *(if different from above)* | | Click or tap here to enter text. | | |
| National Registration Number | | Click or tap here to enter text. | | |
| Organisation contact details | | Name | | Click or tap here to enter text. |
| Phone | | Click or tap here to enter text. |
| Email | | Click or tap here to enter text. |
| Is the RTO an existing SAS? | | Yes  No | | |
| Reason for RTO selection | | Click or tap here to enter text. | | |
| Legal name of RTO | | Click or tap here to enter text. | | |
| Trading name  *(if different from above)* | | Click or tap here to enter text. | | |
| National Registration Number | | Click or tap here to enter text. | | |
| Organisation contact details | | Name | | Click or tap here to enter text. |
| Phone | | Click or tap here to enter text. |
| Email | | Click or tap here to enter text. |
| Is the RTO an existing SAS? | | Yes  No | | |
| Reason for RTO selection | | Click or tap here to enter text. | | |
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| Trading name  *(if different from above)* | | Click or tap here to enter text. | | |
| National Registration Number | | Click or tap here to enter text. | | |
| Organisation contact details | | Name | | Click or tap here to enter text. |
| Phone | | Click or tap here to enter text. |
| Email | | Click or tap here to enter text. |
| Is the RTO an existing SAS? | | Yes  No | | |
| Reason for RTO selection | | Click or tap here to enter text. | | |
| Section 5. Letters of support | | | | |
| You must include a minimum of three industry stakeholder letters with at least two of these letters from employers for each qualification or skill set listed. | | | | |
| Organisation name (letter 1) | | Click or tap here to enter text. | | |
| Trading name  *(if different from above)* | | Click or tap here to enter text. | | |
| Type of organisation | | Click or tap here to enter text. | | |
| Contact details | | Name | | Click or tap here to enter text. |
| Phone | | Click or tap here to enter text. |
| Email | | Click or tap here to enter text. |
| Organisation name (letter 2) | | Click or tap here to enter text. | | |
| Trading name  *(if different from above)* | | Click or tap here to enter text. | | |
| Type of organisation | | Click or tap here to enter text. | | |
| Contact details | | Name | | Click or tap here to enter text. |
| Phone | | Click or tap here to enter text. |
| Email | | Click or tap here to enter text. |
| Organisation name (letter 3) | | Click or tap here to enter text. | | |
| Trading name  *(if different from above)* | | Click or tap here to enter text. | | |
| Type of organisation | | Click or tap here to enter text. | | |
| Contact details | | Name | | Click or tap here to enter text. |
| Phone | | Click or tap here to enter text. |
| Email | | Click or tap here to enter text. |
| Additional content box (if needed)  Click or tap here to enter text. | | | | |
| Section 6. Application check box | | | | |
| I have completed all sections of the form.  I have included a minimum of three industry stakeholder letters.  I have included references/citations to support my responses.  Submit your completed form and attachments to [tso@desbt.qld.gov.au](mailto:tso@desbt.qld.gov.au) | | | | |