

Round 2 SEE First Nations Delivery Grant 2024-25 Application Form

Form Preview

Introduction

Important Information

Thank you for your interest in the Skills for Education and Employment (SEE) First Nations Delivery Grant.

Before you begin your application

Please ensure that you have read and understood the following documents:

- SEE First Nations Delivery Grant Opportunity Guidelines
- SEE First Nations Delivery Grant FAQs
- The DRAFT grant agreement
- A guide to managing your SEE First Nations Delivery Grant

Interpretation

Defined terms used within this Application Form have meaning as set out in the SEE First Nations Delivery Grant Opportunity Guidelines.

Privacy

The Department of Employment and Workplace Relations (the department), including its employees, contractors, and agents, is subject to [the Privacy Act 1988 \(Cth\)](#) (the Privacy Act) and to the requirements of the Australian Privacy Principles (APPs) contained in Schedule 1 of the Privacy Act.

For information about how the department handles personal information, how to access or correct personal information held by the department, or how to make a privacy complaint, please refer to the department's [Privacy Policy](#).

Please note:

- Incomplete applications will not be considered.
- Applications that do not address the mandatory fields (*) will not be able to be submitted.
- The maximum size for each required attachment is 25MB. More than one file is permitted where indicated.

If you find an error in your application after submitting it, you should contact us immediately on SEEFIRSTNATIONS@dewr.gov.au. Please note, the department is not required to accept any additional information, nor requests from you to correct your application after the closing time.

Privacy Statement

* indicates a required field

Personal Information

Personal information includes a person's name and contact details. Personal information is protected by law, including under the Privacy Act 1988 (Privacy Act).

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Collection of personal information

Personal information may be collected by *SmartyGrants* on behalf of the department.

The department may collect personal information from, and disclose information to:

- You (the applicant)
- Your referees/community contacts
- Commonwealth agencies and their contracted providers (eg: the Fair Work Ombudsman, the Australian National Audit Office, etc.)
- Any other person, agency, or organisation which may be able to contribute information relevant to your suitability to participate in the relevant program
 - if consent has been provided, or
 - where it is otherwise permitted, including where it is required or authorised by or under an Australian law or a court or tribunal order.

Personal information is unlikely to be disclosed to overseas recipients.

Purpose of collecting your information

Personal information is collected for the purpose of assessing your suitability to deliver SEE First Nations Projects and related purposes.

If you do not provide some or all the personal information requested in the application form, the department may not be able to adequately assess your suitability, and therefore the processing of your application and your participation in the SEE Program may be impacted.

Privacy policy

The department's Privacy Policy, including information about how to make a complaint and seek access to or correction of your personal information, can be found at <https://www.dewr.gov.au/privacy> or by requesting a copy from the department at privacy@dewr.gov.au.

Privacy Declaration *

- ☐ I have read and understood the privacy statement and linked privacy policies.
- ☐ I have permission to provide personal information on behalf of others (e.g. additional contacts).

At least 2 choices must be selected.

Organisation Type

* indicates a required field

Please select your organisation type *

- | | |
|--|---|
| <input type="checkbox"/> Aboriginal Community Controlled Organisation (ACCO) | <input type="checkbox"/> First Nations registered training organisation (RTO) |
| <input type="checkbox"/> First Nations Community Organisation Peak Body | <input type="checkbox"/> First Nations Adult and Community Education (ACE) provider |

Refer to section 4.1 of the Delivery Grant Guidelines for definitions of eligible 'organisation types'. If the eligibility requirements for multiple organisation types are met, you can select more than one option.

Please attach evidence to support the organisation type(s) selected *

Attach a file:

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A minimum of 1 file and a maximum of 5 files may be attached.
The maximum size for each file is 25MB. You must provide evidence of each organisation type selected above. Refer to section 7.1 of the Delivery Grant Guidelines for a list of acceptable documents that can be provided as evidence.

If you are an RTO or registered ACE provider, please enter your registration number

Joint Applications

If this application is a Joint Application, a lead organisation must be nominated. The lead organisation is responsible for managing the grant and reporting on behalf of the group. The lead organisation must be an eligible 'organisation type'.

Is this a 'Joint Application'? *

☐ Yes ☐ No

A Joint Application should be considered where multiple eligible organisations operate in a community, or group of adjacent and/or connected communities.

Grant Applicant - Organisation Details

* indicates a required field

The following sections relate to the organisation nominated as the **Grant Applicant** that is responsible for project delivery, management, reporting and acquittal of funds. For Joint Applications this will be the **Lead Organisation**.

Organisation Legal Name *

Organisation Name

Your organisation must be a legal entity and have the legal capacity to enter into a Grant Agreement with the Commonwealth. Refer to section 4.1 of the Delivery Grant Guidelines for further information.

Organisation Trading Name

Enter your organisation's trading name if different to the organisation's legal name.

Organisation ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register

ABN

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Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type
ACNC Registration
Tax Concessions
Main business location

Organisation Primary Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

Organisation Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

Project Primary Contact Name *

Title	First Name	Last Name

Primary Contact Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Is your organisation participating in, or delivering services for, any other SEE First Nations projects as part of a Joint Application or a subcontracting arrangement? *

☐ Yes

☐ No

Provide details including the location/s, amount/s and year/s *

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Must be no more than 100 words.

Joint Applicant Details

* indicates a required field

The following sections are for organisations that are applying as Joint Applicants.

Enter the details of each organisation that has agreed to be a Joint Applicant. **Does not** include RTO details, if your project involves the subcontracting of training to an RTO. Those details are collected later in the form.

Additionally, **do not** include details of the **Lead Organisation** in this section as that information has already been entered in the form.

Joint Applicant Details *

☐ Individual ☐ Organisation
Organisation Name

Title First Name Last Name

ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

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Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

What role will this Joint Applicant have in the project? *

Must be no more than 100 words.

Is this organisation participating in, or delivering services for any other SEE First Nations projects as part of a Joint Application or a subcontracting arrangement? *

☐ Yes

☐ No

Provide details including the location/s, amount/s and year/s *

Must be no more than 100 words.

Joint Applicant Letter of Support

For Joint Applications, a Letter of Support (or equivalent) must be provided from the Joint Applicant organisation's board, CEO or equivalent. This should include:

- details of the Joint Applicant's organisation (including the percentages of Indigenous ownership, control and/or management)
- an overview of how each Joint Applicant's organisation will work with the Lead Organisation and any other organisations in the group to successfully complete the grant activity
- a copy of the formal instruments setting out the arrangements between the parties (deeds, memoranda of understanding, etc.)
- an outline of the relevant experience and/or expertise each Joint Applicant's organisation will bring to the group
- the roles/responsibilities of each Joint Applicant's organisation and the resources they will co-contribute, either financially or in-kind (if any), and
- details of a nominated management level contact officer at each Joint Applicant's organisation.

Please attach supporting documents for all organisations nominated as Joint Applicants here *

Attach a file:

A minimum of 1 file and a maximum of 10 files may be attached.
The maximum size for each file is 25MB.

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Peak Body Members

* indicates a required field

This section applies to Peak Bodies who have nominated themselves as the Grant Applicant. If you have already identified member organisations that have agreed to participate in the Delivery Grant project, their details should be entered into the application.

Have you identified member organisations who have agreed to participate in the Delivery Grant project? *

☐ Yes ☐ No

Participating Member Details

Please enter the details of your members who have agreed to participate in the Delivery Grant.

- If member organisations have agreed to you managing the grant, a statement of agreement from the member organisation must be attached.
- As you have a unique position to have knowledge of activities of multiple member organisations, you must take particular care to not knowingly submit applications for projects on behalf of different members that might compete for participants.
- You have the same responsibility as other applicants to demonstrate that to the best of your knowledge the projects you propose are viable, including with respect to other activities in the same community/communities.

Organisation Name *

Organisation Name

Contact *

Title

First Name

Last Name

Position *

Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

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ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Please select this member's 'organisation type' *

- ☐ Aboriginal Community Controlled Organisation (ACCO) ☐ First Nations RTO ☐ First Nations ACE provider

Member organisations must also be an eligible 'organisation type', as per Section 4.1 of the Delivery Grant Guidelines.

Please attach statement of agreement from member AND evidence to support the organisation type selected *

Attach a file:

A minimum of 1 file and a maximum of 5 files may be attached. The maximum size for each file is 25MB. Section 7.1 of the Delivery Grant Guidelines lists documents that should be attached as evidence of organisation type.

Project Details

* indicates a required field

While grant opportunities are available nation-wide, applications from areas with greater need for English LLND training will be given preference, including remote and very remote locations where access to training and related services may be limited by a lack of availability.

Project Title *

Word count:

Must be no more than 10 words.

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Start Date *

Must be a date and no earlier than 1/4/2025.

End Date *

Must be a date and no later than 31/12/2029.

Short project description *

Word count:

Must be no more than 100 words.

Provide a short description of your project. This could include the main activities and expected outcomes of the project, for participants and/or communities. If funding has been received previously, please outline how this project will build on previous project/s.

Outline how your project will contribute towards SEE First Nations' objectives and policy outcomes *

Must be no more than 100 words.

Refer to section 2.1 of the Delivery Grant Guidelines which outlines the aims of SEE First Nations Grants.

Describe your intended participants *

Must be no more than 100 words.

Briefly describe the cohort's characteristics, including age range, gender, and any other particular characteristic which you deem necessary (e.g. school leavers, younger men, older women, etc). You should also include detail of their education background and cultural needs.

Estimated number of participants over the life of the project *

Must be a number.

Expected class size *

Must be a number.

Average length of proposed training blocks *

Must be a number.

Number of weeks.

Expected number of training hours per participant per week of training *

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Must be a number.

Project Locations

* indicates a required field

Select the number of project locations you propose to deliver in. Please note that a group of adjacent and connected communities can be a single project location and do not need to be entered as separate locations *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Please enter the project location for your Grant Application.

A single project location can be one community, or a group of adjacent and/or connected communities. Multiple project locations are where communities are not adjacent or connected.

Name of Project

Location 1 *

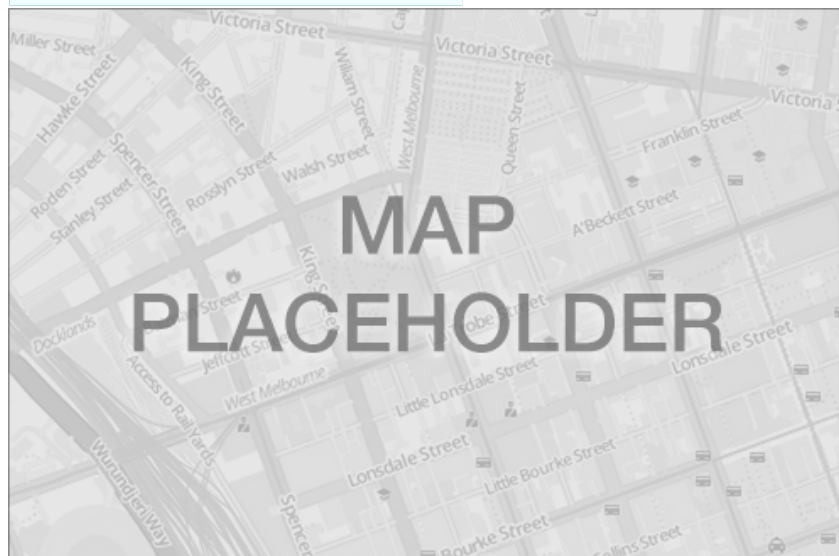
Word count:

Must be no more than 10 words.

Address of Project

Location 1 *

Address



Suburb/Town and State/Province are required. Country must be Australia

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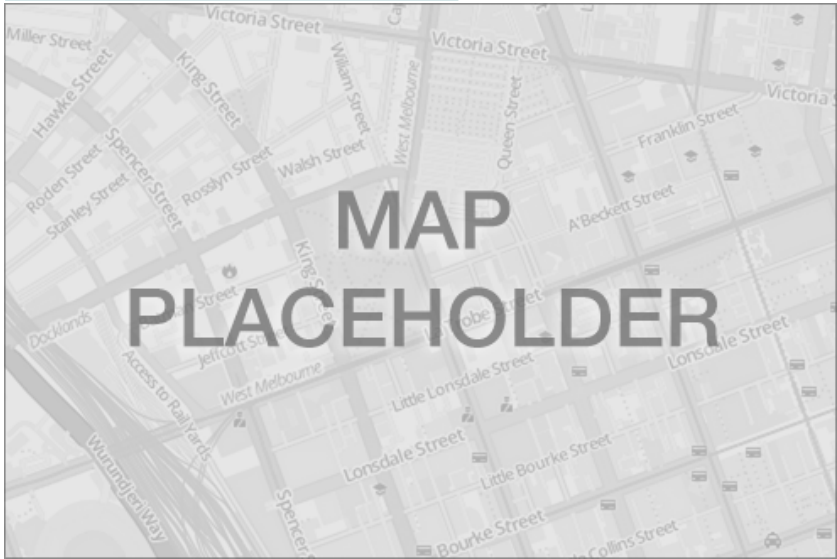
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Name of Project Location 2 *

Word count:
Must be no more than 10 words.

Address of Project Location 2 *

Address



Name of Project Location 3 *

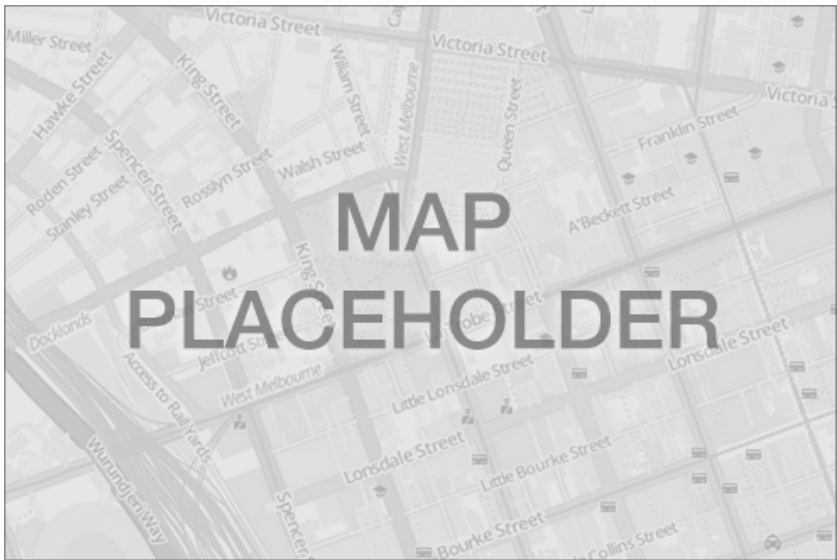
Word count:
Must be no more than 10 words.

Address of Project Location 3 *

Address

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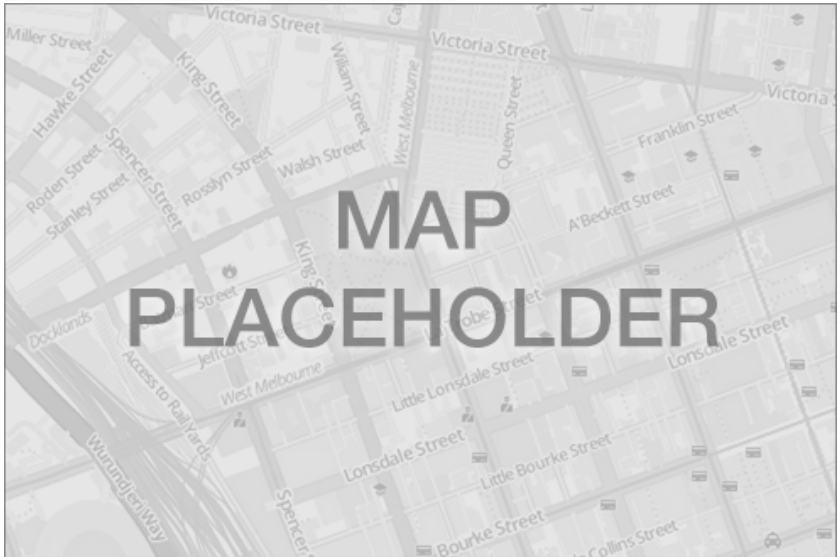


**Name of Project
Location 4 ***

Word count:
Must be no more than 10 words.

**Address of Project
Location 4 ***

Address



**Name of Project
Location 5 ***

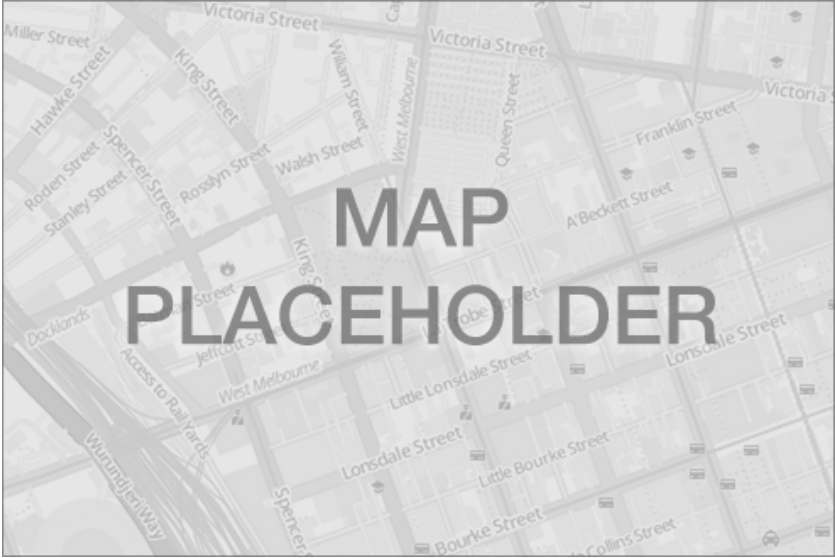
Word count:
Must be no more than 10 words.

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Address of Project Location 5 *

Address



Location 1 Project Milestones and Costs

* indicates a required field

Milestone lengths and activities are dependent on the project, but it is expected that they will have 4 distinct phases:

1. **Establishment** of the project
2. **Co-design** of the training model
3. **Delivery** of the training model
4. **Exit and embed** the project

These phases should be considered when proposing activities.

Tips:

- For information on eligible grant activities and expenditure, please read Section 5 of the Delivery Grant Guidelines.
- Timeframes should fall within the Start and End dates nominated for this project.
- Amounts entered should be GST exclusive.
- A basic [estimate tool](#) is available. It provides an example only of how a project's costs might be calculated. It does not form part of the Delivery Grant application.
- If you are delivering from more than one location, you are required to cost each location separately.

Milestone Dates

Phase Type	Milestone Start Date	Milestone End Date
Establishment Phase		

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Co-Design Phase Delivery Phase Exit and Embed Phase		
Establishment Phase Co-Design Phase Delivery Phase Exit and Embed Phase		
Establishment Phase Co-Design Phase Delivery Phase Exit and Embed Phase		
Establishment Phase Co-Design Phase Delivery Phase Exit and Embed Phase		
	Must be a date and between 1/4/2025 and 1/7/2029.	Must be a date and no later than 31/12/2029.

Milestone Activities

Establishment Phase Milestone Activities *

Must be no more than 100 words.

Co-Design Phase Milestone Activities *

Word count:

Must be no more than 100 words.

Delivery Phase Milestone Activities *

Word count:

Must be no more than 100 words.

Exit and Embed Milestone Activities *

Word count:

Must be no more than 100 words.

Are you planning to have any additional milestones not listed above? *

☐ Yes

☐ No

Additional Milestone Activities *

Word count:

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Must be no more than 100 words.

Personnel Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above

Word count:

Must be no more than 100 words.

Training Delivery and Development Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:

Must be no more than 100 words.

Overhead Operating Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase

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	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:
Must be no more than 100 words.

Learner Support Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:
Must be no more than 100 words.

Location 1 Total Costs

Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase	Total Location 1 Costs

Total Project Costs

Location 2 Project Milestones and Costs

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* indicates a required field

Milestone Dates

Phase Type	Milestone Start Date	Milestone End Date
Establishment Phase Co-Design Phase Delivery Phase Exit and Embed Phase		
Establishment Phase Co-Design Phase Delivery Phase Exit and Embed Phase		
Establishment Phase Co-Design Phase Delivery Phase Exit and Embed Phase		
Establishment Phase Co-Design Phase Delivery Phase Exit and Embed Phase		
	Must be a date and between 1/4/2025 and 1/7/2029.	Must be a date and no later than 31/12/2029.

Milestone Activities

Establishment Phase Milestone Activities *

Word count:
Must be no more than 100 words.

Co-Design Phase Milestone Activities *

Word count:
Must be no more than 100 words.

Delivery Phase Milestone Activities *

Word count:
Must be no more than 100 words.

Exit and Embed Milestone Activities *

Word count:
Must be no more than 100 words.

Are you planning to have any additional milestones not listed above? *

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☐ Yes ☐ No

Additional Milestone Activities *

Word count:
Must be no more than 100 words.

Personnel Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above

Word count:
Must be no more than 100 words.

Training Delivery and Development Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:

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Must be no more than 100 words.

Overhead Operating Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:
Must be no more than 100 words.

Learner Support Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:
Must be no more than 100 words.

Location 2 Total Costs

Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase	Total Location 2 Costs

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				This number/amount is calculated.
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Total Project Costs

Location 3 Project Milestones and Costs

* indicates a required field

Milestone Dates

Phase Type	Milestone Start Date	Milestone End Date
Establishment Phase		
Co-Design Phase		
Delivery Phase		
Exit and Embed Phase		
Establishment Phase		
Co-Design Phase		
Delivery Phase		
Exit and Embed Phase		
Establishment Phase		
Co-Design Phase		
Delivery Phase		
Exit and Embed Phase		
	Must be a date and between 1/4/2025 and 1/7/2029.	Must be a date and no later than 31/12/2029.

Milestone Activities

Establishment Phase Milestone Activities *

Word count:
Must be no more than 100 words.

Co-Design Phase Milestone Activities *

Word count:
Must be no more than 100 words.

Delivery Phase Milestone Activities *

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Word count:
Must be no more than 100 words.

Exit and Embed Milestone Activities *

Word count:
Must be no more than 100 words.

Are you planning to have any additional milestones not listed above? *

☐ Yes ☐ No

Additional Milestone Activities *

Word count:
Must be no more than 100 words.

Personnel Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:
Must be no more than 100 words.

Training Delivery and Development Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase

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	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:
Must be no more than 100 words.

Overhead Operating Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:
Must be no more than 100 words.

Learner Support Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

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Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:
Must be no more than 100 words.

Location 3 Total Costs

Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase	Total Location 3 Costs

Total Project Costs

Location 4 Project Milestones and Costs

* indicates a required field

Milestone Dates

Phase Type	Milestone Start Date	Milestone End Date
Establishment Phase Co-Design Phase Delivery Phase Exit and Embed Phase		
Establishment Phase Co-Design Phase Delivery Phase Exit and Embed Phase		
Establishment Phase Co-Design Phase Delivery Phase Exit and Embed Phase		
Establishment Phase Co-Design Phase Delivery Phase Exit and Embed Phase		
	Must be a date and between 1/4/2025 and 1/7/2029.	Must be a date and no later than 31/12/2029.

Milestone Activities

Establishment Phase Milestone Activities *

Word count:

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Must be no more than 100 words.

Co-Design Phase Milestone Activities *

Word count:
Must be no more than 100 words.

Delivery Phase Milestone Activities *

Word count:
Must be no more than 100 words.

Exit and Embed Milestone Activities *

Word count:
Must be no more than 100 words.

Are you planning to have any additional milestones not listed above? *

☐ Yes ☐ No

Additional Milestone Activities *

Word count:
Must be no more than 100 words.

Personnel Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:

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Must be no more than 100 words.

Training Delivery and Development Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:
Must be no more than 100 words.

Overhead Operating Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:
Must be no more than 100 words.

Learner Support Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
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	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:
Must be no more than 100 words.

Location 4 Total Costs

Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase	Total Location 4 Costs

Total Project Costs

Location 5 Project Milestones and Costs

* indicates a required field

Milestone Dates

Phase Type	Milestone Start Date	Milestone End Date
Establishment Phase		
Co-Design Phase		
Delivery Phase		
Exit and Embed Phase		
Establishment Phase		
Co-Design Phase		
Delivery Phase		
Exit and Embed Phase		
Establishment Phase		
Co-Design Phase		
Delivery Phase		
Exit and Embed Phase		

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	Must be a date and between 1/4/2025 and 1/7/2029.	Must be a date and no later than 31/12/2029.
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Milestone Activities

Establishment Phase Milestone Activities *

Word count:
Must be no more than 10 words.

Co-Design Phase Milestone Activities *

Word count:
Must be no more than 100 words.

Delivery Phase Milestone Activities *

Word count:
Must be no more than 100 words.

Exit and Embed Milestone Activities *

Word count:
Must be no more than 100 words.

Are you planning to have any additional milestones not listed above? *

☐ Yes ☐ No

Additional Milestone Activities *

Word count:
Must be no more than 100 words.

Personnel Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase

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	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:
Must be no more than 100 words.

Training Delivery and Development Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:
Must be no more than 100 words.

Overhead Operating Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

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Word count:
Must be no more than 100 words.

Learner Support Costs

Cost Type	Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Provide a brief description of the 'Other' proposed cost indicated in the table above *

Word count:
Must be no more than 100 words.

Location 5 Total Costs

Establishment Phase	Co-Design Phase	Delivery Phase	Exit and Embed Phase	Total Location 5 Costs

Total Project Costs

Location 1 - Assessment Criteria Responses

* indicates a required field

For projects which include multiple locations, it is expected that responses be appropriately tailored for each location.

You must also provide **evidence of support** for each location you are intending to deliver in. This may include statements of support from members of the community, the organisation's board or CEO, or other organisations within the community.

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Evidence of affiliation with the community on whose behalf you are applying might be acknowledgement in community media or documents, such as annual reports or local community involvement at a board/employment level.

Ideally evidence should:

- Show the different views people might have of the proposed project. For example, the views of an individual, or a community organisation, a local council, or local employer.
- Not be from people or organisations where there is a conflict of interest in relation to the project. For example, people or organisations who would receive a direct financial benefit if the project is approved.

Criterion 1 - To demonstrate community support, you must provide evidence that your proposed English LLND skills training project is supported by the target community and by community leaders *

Word count:

Must be no more than 1000 words.

Use examples to support your claims.

Attach evidence of your affiliation with the community and evidence of their support. You must provide this information for all project locations you have nominated. *

Attach a file:

A minimum of 1 file and a maximum of 20 files may be attached.

The maximum size for each file is 25MB.

Criterion 2 - Outline your proposed approach and demonstrate the appropriateness of this approach. This should be done by describing the English LLND skills training model you are proposing to deliver and provide the context of your project to show how your approach is appropriate to the situation *

Word count:

Must be no more than 1000 words.

Use examples to support your claims.

Criterion 3 - Outline how your project will deliver outcomes for the target community *

Word count:

Must be no more than 1000 words.

Use examples to support your claims.

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Criterion 4 - Demonstrate your organisational governance and capability to manage the Delivery Grant *

Word count:

Must be no more than 1000 words.

Use examples to support your claims.

Location 2 - Assessment Criteria Responses

* indicates a required field

Criterion 1 - To demonstrate community support you must provide evidence that your proposed English LLND skills training project is supported by the target community and by community leaders *

Word count:

Must be no more than 1000 words.

Use examples to support your claims.

Attach evidence of your affiliation with the community and evidence of their support. You must provide this information for all project locations you have nominated. *

Attach a file:

A minimum of 1 file and a maximum of 20 files may be attached.

The maximum size for each file is 25MB.

Criterion 2 - Outline your proposed approach and demonstrate the appropriateness of this approach. This should be done by describing the English LLND skills training model you are proposing to deliver and provide the context of your project to show how your approach is appropriate to the situation *

Word count:

Must be no more than 1000 words.

Use examples to support your claims.

Criterion 3 - Outline how your project will deliver outcomes for the target community *

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Word count:

Must be no more than 1000 words.

Use examples to support your claims.

Criterion 4 - Demonstrate your organisational governance and capability to manage the Delivery Grant *

Word count:

Must be no more than 1000 words.

Use examples to support your claims.

Location 3 - Assessment Criteria Responses

* indicates a required field

Criterion 1 - To demonstrate community support you must provide evidence that your proposed English LLND skills training project is supported by the target community and by community leaders *

Word count:

Must be no more than 1000 words.

Use examples to support your claims.

Attach evidence of your affiliation with the community and evidence of their support. You must provide this information for all project locations you have nominated. *

Attach a file:

A minimum of 1 file and a maximum of 20 files may be attached.

The maximum size for each file is 25MB.

Criterion 2 - Outline your proposed approach and demonstrate the appropriateness of this approach. This should be done by describing the English LLND skills training model you are proposing to deliver and provide the context of your project to show how your approach is appropriate to the situation *

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Word count:

Must be no more than 1000 words.

Use examples to support your claims.

Criterion 3 - Outline how your project will deliver outcomes target community *

Word count:

Must be no more than 1000 words.

Use examples to support your claims.

Criterion 4 - Demonstrate your organisational governance and capability to manage the Delivery Grant *

Word count:

Must be no more than 1000 words.

Use examples to support your claims.

Location 4 - Assessment Criteria Responses

* indicates a required field

Criterion 1 - To demonstrate community support you must provide evidence that your proposed English LLND skills training project is supported by the target community and by community leaders *

Word count:

Must be no more than 1000 words.

Use examples to support your claims.

Attach evidence of your affiliation with the community and evidence of their support. You must provide this information for all project locations you have nominated. *

Attach a file:

A minimum of 1 file and a maximum of 20 files may be attached.

The maximum size for each file is 25MB.

Criterion 2 - Outline your proposed approach and demonstrate the appropriateness of this approach. This should be done by describing the English

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LLND skills training model you are proposing to deliver and provide the context of your project to show how your approach is appropriate to the situation *

Word count:

Must be no more than 1000 words.

Use examples to support your claims.

Criterion 3 - Outline how your project will deliver outcomes for the target community *

Word count:

Must be no more than 1000 words.

Use examples to support your claims.

Criterion 4 - Demonstrate your organisational governance and capability to manage the Delivery Grant *

Word count:

Must be no more than 1000 words.

Use examples to support your claims.

Location 5 - Assessment Criteria Responses

* indicates a required field

Criterion 1 - To demonstrate community support you must provide evidence that your proposed English LLND skills training project is supported by the target community and by community leaders *

Word count:

Must be no more than 1000 words.

Use examples to support your claims.

Attach evidence of your affiliation with the community and evidence of their support. You must provide this information for all project locations you have nominated. *

Attach a file:

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A minimum of 1 file and a maximum of 20 files may be attached.
The maximum size for each file is 25MB.

Criterion 2 - Outline your proposed approach and demonstrate the appropriateness of this approach. This should be done by describing the English LLND skills training model you are proposing to deliver and provide the context of your project to show how your approach is appropriate to the situation *

Word count:

Must be no more than 1000 words.
Use examples to support your claims.

Criterion 3 - Outline how your project will deliver outcomes for the target community *

Word count:

Must be no more than 1000 words.
Use examples to support your claims.

Criterion 4 - Demonstrate your organisational governance and capability to manage the Delivery Grant *

Word count:

Must be no more than 1000 words.
Use examples to support your claims.

Training Details

* indicates a required field

If known, please enter the details of the LLND training you plan to deliver. The information you provide in this section should cover **all** project locations nominated.

Further information:

- If your project's training organisation is not the nominated Grant Applicant or a Joint Applicant, they will be a 'subcontractor' and you will also need to enter their details into the Subcontractor section of the application.

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- The training organisation being subcontracted to does not need to be a First Nations organisation, but they should have demonstrated experience in the delivery of culturally safe LLND training to First Nations people.
- If your organisation is a First Nations RTO or ACE provider and you can meet all the requirements of an eligible training organisation, then you may choose to be wholly responsible for all the training aspects of your proposed project. In this situation, you should respond to the questions in this section as the trainer/training partner.

Is the Grant Applicant or Joint Applicant the organisation delivering training for the project? *

☐ Yes ☐ No

Do you know who your trainer/training partner will be? *

☐ Yes ☐ No, this will be decided during the co-design process

If you have not identified a training partner organisation, you may provide their information later, once you have identified them. However, this must be before you enter a formal agreement with them.

Trainer/Training Partner

Please add details of your trainers/training partners here. You may add more than one trainer/training partner.

Name of Trainer or Training Partner Organisation *

Word count:

Must be no more than 10 words.

Is your training partner an RTO or ACE provider? *

☐ Yes ☐ No

If yes, please enter their registration number if known

Please confirm that your trainer/training partner is able to: *

- ☐ Develop non-accredited training or customise training for the community's needs, if required.
- ☐ Develop or customise training resources for the community's needs.
- ☐ Deliver LLND training and assessment to the community.

At least 3 choices must be selected.

Please confirm all.

Training

Do you know what type of training will be delivered? *

☐ Yes ☐ No, this will be decided during the co-design process.

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Will your project include accredited training? *

☐ Yes ☐ No

Accredited training must be delivered by an RTO with the course on their scope as listed in the national register (training.gov.au).

Provide a short description of the accredited training that will be offered *

Must be no more than 50 words.

This description can include the national course code, the course description or a skill set description. You can find accredited course information on training.gov.au.

Will your project include non-accredited training? *

☐ Yes ☐ No

Non-accredited training can be delivered by an RTO or ACE provider but must be developed using the Commonwealth non-accredited framework.

Has your non-accredited training been developed using the Commonwealth non-accredited framework? *

☐ Yes ☐ No

Will your non-accredited training be developed and/or delivered by trainers with the minimum qualifications identified in the Delivery Grant Guidelines? *

☐ Yes ☐ No

The person developing the non-accredited training must have at a minimum of either TAE50122 - Diploma of Vocational Education and Training with a specialisation in Design and Development, OR an equivalent Adult LLND qualification with relevant specialisation in design and development, AND demonstrated experience in the design and development of LLND courses. Refer to section 4.2 of the Delivery Grant Guidelines for further information.

Are you applying for a waiver to the minimum qualifications to develop or deliver non-accredited training? *

☐ Yes ☐ No

Describe why a waiver should be issued *

Must be no more than 100 words.

For a waiver to be issued, the training organisation must be able to demonstrate that it has sufficient and ongoing professional development processes in place; AND provides mentoring to trainers/ assessors/training developers to whom the waiver applies.

Subcontractors

* indicates a required field

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Are you planning to subcontract work being completed for the Delivery Grant? *

☐ Yes ☐ No

If your project's training organisation is not the Grant Applicant or a Joint Applicant, you should enter them as a subcontractor.

What work will be completed by subcontractors *

Must be no more than 100 words.

Have you identified a person or organisation you plan to subcontract work to? *

☐ Yes ☐ No

Subcontractor Details

Please provide details of the subcontractors you have identified for the Delivery Grant.

You must provide this information for all project locations nominated.

Name *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address *

Address

<input type="text"/>
<input type="text"/>

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	

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Form Preview

ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type [More information](#)
ACNC Registration
Tax Concessions
Main business location

Financial assessment processes are carried out to assess the financial capacity and credentials of an organisation to fulfil service requirements. You will need to upload a completed **Subcontractors Credentials Information Form** for an assessment to be completed. A copy of this form is located on **GrantConnect**.

The **Subcontractors Credentials Information Form** must be uploaded as a Microsoft Excel document (.xlsx).

Please attach a completed Subcontractors Credentials Information Form *

Attach a file:

A minimum of 1 file and a maximum of 5 files may be attached. The maximum size for each file is 25MB.

Grant Applicant Financial and Credentials

* indicates a required field

Are you currently delivering services for another Department of Employment and Workplace Relations program? *

☐ Yes ☐ No

Provide details including the location/s, amount/s and year/s *

Word count:

Must be at least 100 words.

Are you seeking grant/project funding from another Department of Employment and Workplace Relations program, e.g. General SEE Projects? *

☐ Yes ☐ No

Provide details including the location/s, amount/s and year/s *

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Word count:

Must be no more than 100 words.

Has your organisation previously requested or received General SEE Projects or SEE First Nations funding? *

☐ Yes, General SEE Projects

☐ Yes, SEE First Nations Delivery Grant

☐ Yes, SEE First Nations Scoping Grant

☐ No

Please select all that apply.

Is your organisation being funded from other sources for the activities proposed in this project? *

☐ Yes

☐ No

Provide details of other funding sources *

Word count:

Must be no more than 100 words.

This information helps to inform value with money.

Financial and Credentials Assessments

- Credentials assessments verify the legal capacity of an entity to enter into a contract.
- Financial assessment processes are carried out to assess the financial capacity and credentials of an organisation to fulfil service requirements.
- The processes are undertaken to minimise risk to the Commonwealth.
- The processes are not used to measure the profitability of an entity nor potential for success of the entity in the market.

For an assessment to be completed, please attach the form that applies to your Grant Application. Copies of these forms are located on **GrantConnect**.

If the proposed grant amount is **less than \$400,000** (GST Excl), please submit a **Credentials Information Form** for your organisation.

If the proposed grant amount is **\$400,000 or more** (GST Excl), please submit a **Financial and Credentials Information Form** for your organisation.

The proposed total grant amount is *

Returning the completed form:

The **Credentials Information Form** must be uploaded as a Microsoft Excel document (.xlsx).

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A signed copy of the *Authorisation to undertake Credentials Assessment* must be provided to the Department with the form.

The signed copy of the *Authorisation to undertake Credentials Assessment*, and other 'attachment' documents requested in the form must be scanned at a resolution of not less than 150 dpi (200 dpi recommended) and saved in **JPEG, TIFF, PNG** or **PDF** format.

Upload a Credentials Information Form for your organisation *

Attach a file:

The maximum size for each file is 25MB.

Returning the completed form:

The **Financial and Credentials Information Form** must be uploaded as a Microsoft Excel document (.xlsx).

A signed copy of the *Authorisation to undertake Credentials Assessment* must be provided to the Department with the form.

The signed copy of the *Authorisation to undertake Credentials Assessment*, and other 'attachment' documents requested in the form must be scanned at a resolution of not less than 150 dpi (200 dpi recommended) and saved in **JPEG, TIFF, PNG** or **PDF** format.

Upload a Financial and Credentials Information Form for your organisation *

Attach a file:

The maximum size for each file is 25MB.

Joint Applicant Financial and Credentials Assessments

* indicates a required field

Joint Applicant Financial and Credentials Assessments

- Credentials assessments verify the legal capacity of an entity to enter into a contract.
- Financial assessment processes are carried out to assess the financial capacity and credentials of an organisation to fulfil service requirements.
- The processes are undertaken to minimise risk to the Commonwealth.
- The processes are not used to measure the profitability of an entity nor potential for success of the entity in the market.

For an assessment to be completed, please attach the form that applies to your Grant Application. Copies of these forms are located on **GrantConnect**.

If the proposed grant amount is **less than \$400,000** (GST Excl), please submit a **Credentials Information Form** for your organisation.

If the proposed grant amount is **\$400,000 or more** (GST Excl), please submit a **Financial and Credentials Information Form** for your organisation.

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The proposed total grant amount is *

Returning the completed form:

The **Credentials Information Form** must be uploaded as a Microsoft Excel document (.xlsx).

A signed copy of the *Authorisation to undertake Credentials Assessment* must be provided to the Department with the form.

The signed copy of the *Authorisation to undertake Credentials Assessment*, and other 'attachment' documents requested in the form must be scanned at a resolution of not less than 150 dpi (200 dpi recommended) and saved in **JPEG, TIFF, PNG** or **PDF** format.

Upload a Credentials Information Form for your organisation *

Attach a file:

The maximum size for each file is 25MB.

Returning the completed form:

The **Financial and Credentials Information Form** must be uploaded as a Microsoft Excel document (.xlsx).

A signed copy of the *Authorisation to undertake Credentials Assessment* must be provided to the Department with the form.

The signed copy of the *Authorisation to undertake Credentials Assessment*, and other 'attachment' documents requested in the form must be scanned at a resolution of not less than 150 dpi (200 dpi recommended) and saved in **JPEG, TIFF, PNG** or **PDF** format.

Upload a Financial and Credentials Information Form for your organisation *

Attach a file:

The maximum size for each file is 25MB.

Financial or In-Kind Contributions

Location 1

Please list all financial or in-kind contributions for Location 1 for this project. Add a row for each item.

Source of contribution	Description of contribution	Value
Must be no more than 10 words.	Please provide a short description of the contribution. Must be no more than 10 words.	Amounts must be GST exclusive. Must be a whole dollar amount (no cents) and at least 1.

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Total financial or in-kind contributions for Location 1

This number/amount is calculated.

Location 2

Please list all financial or in-kind contributions for Location 2 for this project. Add a row for each item.

Source of contribution	Description of contribution	Value
Must be no more than 10 words.	Please provide a short description of the contribution. Must be no more than 10 words.	Amounts must be GST exclusive. Must be a whole dollar amount (no cents) and at least 1.

Total financial or in-kind contributions for Location 2

This number/amount is calculated.

Location 3

Please list all financial or in-kind contributions for Location 3 for this project. Add a row for each item.

Source of contribution	Description of contribution	Value
Must be no more than 10 words.	Please provide a short description of the contribution. Must be no more than 10 words.	Amounts must be GST exclusive. Must be a whole dollar amount (no cents) and at least 1.

Total financial or in-kind contributions for Location 3

This number/amount is calculated.

Location 4

Please list all financial or in-kind contributions for Location 4 for this project. Add a row for each item.

Source of contribution	Description of contribution	Value
Must be no more than 10 words.	Please provide a short description of the contribution. Must be no more than 10 words.	Amounts must be GST exclusive. Must be a whole dollar amount (no cents) and at least 1.

Total financial or in-kind contributions for Location 4

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This number/amount is calculated.

Location 5

Please list all financial or in-kind contributions for Location 5 for this project. Add a row for each item.

Source of contribution	Description of contribution	Value
Must be no more than 10 words.	Please provide a short description of the contribution. Must be no more than 10 words.	Amounts must be GST exclusive. Must be a whole dollar amount (no cents) and at least 1.

Total financial or in-kind contributions for Location 5

This number/amount is calculated.

Total financial or in-kind contributions for the project

This number/amount is calculated.

Grant Applicant Referees

* indicates a required field

Referees

Please provide details of 2 referees for your organisation.

Note that the department may also seek advice on the application from other persons as appropriate.

Ensure that before you submit your application, you talk to your nominated referees to confirm they are willing to participate in the referee process. While doing so, please advise your referee that throughout the assessment process, the department may contact them to complete a referee report at short notice.

Referee 1 *

☐ Individual ☐ Organisation
Organisation Name

Title	First Name	Last Name

Position *

Must be no more than 20 characters.

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Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Relationship to Applicant *

Word count:

Must be no more than 50 words.

How long have you (the applicant) known this referee? *

Word count:

Must be no more than 20 words.

Referee 2 *

☐ Individual

☐ Organisation

Organisation Name

Title

First Name

Last Name

Position *

Must be no more than 20 characters.

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Relationship to Applicant *

Word count:

Must be no more than 50 words.

How long have you (the applicant) known this referee? *

Word count:

Must be no more than 20 words.

Joint Applicant Referees

* indicates a required field

Referees

Please provide details of 2 referees.

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Note that the department may also seek advice on the application from other persons as appropriate.

Ensure that before you submit your application, you talk to your nominated referees to confirm they are willing to participate in the referee process. While doing so, please advise your referee that throughout the assessment process, the department may contact them to complete a referee report at short notice.

Referee 1 *

☐ Individual ☐ Organisation
Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

What is the referee's relationship to the Joint Applicant? *

Word count:

Must be no more than 50 words.

How long has the Joint Applicant known this referee? *

Word count:

Must be no more than 20 words.

Referee 2 *

☐ Individual ☐ Organisation
Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Position *

Phone Number *

Must be an Australian phone number.

Email *

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Must be an email address.

What is the referee's relationship to the Joint Applicant? *

Word count:
Must be no more than 50 words.

How long has the Joint Applicant known this referee? *

Word count:
Must be no more than 20 words.

Training Partner Referees

* indicates a required field

Referee 1 *

☐ Individual ☐ Organisation
Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Relationship to trainer/ training provider *

Word count:
Must be no more than 50 words.

Referee 2 *

☐ Individual ☐ Organisation
Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Position *

Phone Number *

Must be an Australian phone number.

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Email *

Must be an email address.

**Relationship to trainer/
training provider ***

Word count:

Must be no more than 50 words.

Eligibility and Declaration

* indicates a required field

Please complete the following section to confirm that all organisations nominated in this application can meet the eligibility requirements for this grant opportunity.

Eligibility

As the representative of the Grant Applicant organisation, you are responsible for ensuring all organisations nominated in this application can meet the eligibility requirements for this grant opportunity. This includes that they:

- do not have any overdue acquittals or serious breaches with other Australian Government entities. A serious breach is one that has resulted in, or warrants, the termination of a grant agreement.
- are not insolvent or subject to insolvency proceedings.
- are not included on the National Redress Scheme websites list of 'Institutions that have not joined or signified their intent to join the Scheme (see <https://www.nationalredress.gov.au/>).

I declare that the above eligibility conditions have been met *

☐ Yes

Right Fit for Risk (RFFR)

The department has a process known as [Right Fit for Risk \(RFFR\)](#) to ensure that organisations we fund can keep people's data and personal information safe.

If you are successful in obtaining a Delivery Grant you must obtain RFFR accreditation within 9 months of the start of the Grant Agreement. In addition to the Grant Applicant organisation, all other organisations nominated in this application that will be collecting, storing, and managing people's data and personal information will also need RFFR accreditation. This could include a subcontracted training provider.

Are all organisations RFFR accredited OR can they obtain accreditation within 9 months of the start of the grant agreement? *

☐ Yes

☐ No

Working with Vulnerable People and Children

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All relevant personnel involved in the delivery of the project, who work with, or will be in contact with vulnerable persons or children, need to hold appropriate Working with Vulnerable People registrations and Working with Children checks.

The Delivery Grant Guidelines define:

- A **child/children** as individual/s under the age of 18 years.
- A **Vulnerable Person** as an individual aged 18 years and above who is or may be unable to take care of themselves or is unable to protect themselves against harm or exploitation for any reason, including age, physical or mental illness, trauma or disability, pregnancy, the influence, or past or existing use, of alcohol, drugs or substances or any other reason.

Working with Vulnerable People registrations and Working with Children checks are not required at the application stage of the project, but you should consider your ability to obtain them prior to relevant personnel commencing work on your proposed project.

All relevant personnel hold Working with Vulnerable People registrations and Working with Children checks OR are they able to obtain them prior to working on the project? *

☐ Yes

☐ No

☐ Not applicable

Conflict of Interest

Please advise if you, or any person or entity connected to your application, has a:

- professional, commercial, or personal relationship with a party who is able to influence the application process.
- relationship with, or interest in, an organisation from which they may receive, or be perceived to receive, personal gain from this grant funding.

To the best of your knowledge, are there any potential, perceived or actual conflicts of interest relating to this application? *

☐ Yes

☐ No

☐ Unsure

Please provide detail about the potential, perceived or actual conflicts of interest *

Must be no more than 100 words.

Declaration

Declaration Officer *

Title First Name Last Name

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Declaration Officer Position *

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I declare that, to the best of my knowledge, the information provided in this application is true and accurate *

☐ Yes

Date of declaration *

Must be a date and between 18/11/2024 and 28/2/2025.