



Group Training in the Trades Prevocational Programme Provider Application

**For the Provision of Services for the
Group Training in the Trades Prevocational
Programme**

**PLEASE COMPLETE THIS APPLICATION FORM, AND FORWARD
A SIGNED HARD COPY TO:**

**Geoff Stredder
SkillsPlus
PO Box 7402
Dandenong 3175**

Further information is available from Geoff Stredder on 0412 171 476 or
geoff@skillsplus.com.au

**“The Group Training in the Trades Prevocational Programme is an
Australian Government funded initiative.”**



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Group Training in the Trades Prevocational Programme Provider Application Form

GTPP PROVIDER INFORMATION

Company Legal Name:

Company Trading Name:

ABN: ____ / ____ / ____ / ____

Are you applying to be a Provider for this programme as:

(a) a Group Training Organization?

OR

(b) a Registered Training Organization?

If applying as a Group Training Organization, is your company listed on the Group Training National Register? Yes No

Address:

Mailing Address:

(if different from above)

Principal Contact Name:

Tel:

Mobile:

Fax:

Email:

Insurance:

Please attach evidence of the following insurance as specified in the programme guidelines:

- Worker's compensation insurance Attached
- Professional indemnity insurance for \$1,000,000 (one million dollars) or more per claim Attached
- Public liability insurance for an amount not less than \$10,000,000 (ten million dollars) Attached

Financial Viability:

Please provide evidence of your organisation's financial viability eg. Most recent Annual Report.

Attached **Commonwealth Legislation:**

Commonwealth legislation and policies have been noted (see section 10 of Provider Guidelines) and where relevant, complied with: Yes No

Compliance with National Standards:**For Group Training Organizations:**

Is the GTO compliant with the National Standards for Group Training Organizations? Yes No

Date last deemed compliant by an auditor: ___/___/___

For Registered Training Organizations:

Is the RTO compliant with the AQTF standards? Yes No

Date last deemed compliant by an auditor: ___/___/___

Key Personnel:

List the key personnel that will be involved in the delivery of the programme, and their roles.

Name and Proposed Role in GTTP

1.

2.

3.

4.

Please attach resumes of the key personnel.

Attached

Police Checks

Staff working on GTTP are required to have Australian Federal Police checks. Please list the results of AFP for all staff involved in the programme below. If any of the check are in process, please indicate this, and supply the results to SkillsPlus as soon as possible.

	Name:	Date of AFP:	Result of check:
1.			
2.			
3.			
4.			

Please note that by mid-2008, Providers will also be required to implement Working with Children Checks if they are dealing with participants under 18 years of age. If you already have these checks in place, please supply the results to SkillsPlus.

Equipment and Course Materials

It is the responsibility of the Provider to ensure that Participants are not charged any fees to participate in this programme. The Provider must cover all costs, including course materials and equipment.

Is your organization prepared to comply with this rule? Yes No

Computer Hardware:

Minimum specifications required to support access to the Programme Internet System as specified in Programme Guidelines are in place: Yes No

Referees:

If your organization has not been subcontracted to run programmes for SkillsPlus before, please provide the names and phone numbers of two referees who can attest to your organization's ability to work effectively with unemployed people and/or school students, and achieve sustainable employment outcomes.

1.

2.

Declaration

I, _____

hereby certify that I am authorised to sign this application on behalf of

_____ (*organization name*)

which is a legal entity.

Signed: _____

Position:

Date:

The remainder of this document contains one attachment. Attachment A relates to Pre-vocational courses.

If applying for Pre-vocational courses in more than one trades area, please complete Attachment A for each one.

ATTACHMENT A

Pre-vocational Training Programmes

Details of proposed GTTP Pre-Vocational Training Programme

Region	No. of Participants	Trades Area/s

GTTP Course location: (address where training will be conducted)

Provide details of facilities in terms of safety, accessibility, technology and general set up.

Proposed Commencement Date:

Proposed Completion Date:

Name of Course	No of hours per week	Total No. of Hours

Is there a work experience component? Yes No

If Yes, what % of the whole training programme is it? _____%
(NB ideally it should be around 25%)

Does the RTO have sufficient insurance in place to cover participants who do work experience? Yes No

If the RTO is not the Provider, please attached a copy of the RTOs Public Liability Insurance. Attached

Please attach a proposed training delivery plan. Attached

Please note:

- All units must be accredited*
- There must be a mix of technical and generic units*
- There must be a minimum of 150 hours in the programme.*
- The course must run for a minimum of 20 hrs per week.*

Registered Training Organisation Details:

RTO Name:
Address:
Contact Name:
Tel:
Fax:

If an external RTO is delivering the training, has this organization been deemed as AQTF-compliant by a State government auditor?

Yes No

If yes, most recent date deemed compliant: ___/___/___

Registration:

Please attach a copy of the relevant Registration Certificate demonstrating that the scope of registration includes the proposed training.

Attached

Evidence of Demand for Proposed Training Programme:

Provide a detailed statement clearly demonstrating the demand for participants to undertake the proposed training programme (e.g. liaison with industry bodies, employers, specific regional demand, etc). Include in this statement details of at least 5 organizations you have consulted with.

Attached

Promotion:

Provide details of how the programme will be promoted at the local level.
(NB: all promotional material must be sent to Skillsplus for approval)

List the specific trade apprenticeships in which the GTTP graduates will be employed.

-
-
-
-

Screening Applicants:

Do you have a list of potential participants? Yes No

List any agencies that are prepared to assist you by referring participants.

- 1.
- 2.
- 3.
- 4.
- 5.

Have you confirmed places with employers for work experience?

Yes No

Have you confirmed vacancies with employers for participants?

Yes No

If yes, how many?

Employer Support:

List the contact details of at least three employers you have spoken to who:

- Are aware of the Group Training in the Trades Programme
- Would be prepared to take a participant for work placement
- Would consider taking on an apprentice from the programme

1.

2.

3.

Please note that SkillsPlus will be contacting these employers to confirm the above.

Post Training Support:

Provide a detailed outline of how participants will be placed and supported in an Australian Apprenticeship, including the **frequency of contacts and visits**.

Expected Completion Rate:

%