#### **Workforce Qualification Assistance Grant**



## Section 1 – Lodging Applications

Applications must be lodged through QGrants by **5pm**, **28 February 2020**. To access QGrants, an online system for managing grant applications and payments, please go to: <a href="https://qgrants.osr.qld.gov.au/portal/">https://qgrants.osr.qld.gov.au/portal/</a>.

Please refer to the QGrants User Guide for step-by-step instructions about lodging an application: <a href="https://earlychildhood.qld.gov.au/funding-and-support/grants-tenders-and-funding/grants-management/grants-management/grants-management">https://earlychildhood.qld.gov.au/funding-and-support/grants-tenders-and-funding/grants-management/grants-management</a>.

If you have any questions or require further assistance regarding this funding process, please contact the Department of Education (the Department) on (07) 3328 6687or WorkforceQualificationGrant@qed.qld.gov.au.

| i otal amount of   | f NON – RECURREI           | NT fundina reaues        | ted (up to \$30,000 (     | GST exclusive)                           |
|--|----------------------------|--------------------------|---------------------------|--|
| \$   |                            | gg                       |                           | - C. |
| Note: This amount should in the non-recurrent budget settion 3 – Organis | ection should be complet   |                          | ts during Step 2 – Budget | of the lodgement process. Note o         |
| Applicant  | Sation Details             |                          |                           |  |
| Legal Entity Name  |                            |                          |                           |  |
| ABN  |                            |                          |                           |  |
| └──<br>Note: This name should be   | consistent with the name   | e entered into QGrants d | uring Step 1 – Accounts c | of the lodgement process.                |
| Applicant Conta  | act Details (Legal E       | intity)                  |                           |  |
| Title  |                            | Name                     |                           |  |
| Position   |                            |                          |                           |  |
| Phone  |                            |                          |                           |  |
| Email  |                            |                          |                           |  |
| ction 4 – Service  | Deteile                    |                          |                           |  |
| tion 4 – Service   | Details                    |                          |                           |  |
| Beneficiary (Na  | me of Service)             |                          |                           |  |
|  |                            |                          |                           |  |
| Note: This name should be  | e consistent with the name | e entered into QGrants d | uring Step 1 – Accounts o | of the lodgement process.                |
| Address (Where   | the service is deli        | ivered)                  |                           |  |
| Street   |                            |                          |                           |  |
| Suburb   |                            |                          | Post Code                 |  |
| Service Particul   | lars                       |                          | -                         |  |
| Geographic Covera  |                            |                          |                           |  |
| Operating Hours  |                            |                          |                           |  |

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## **Workforce Qualification Assistance Grant**

# Section 5 - Project Details

| Please provide a brief overview of your proposed project.  |
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| (If the service is applying for staff coverage for an educator working towards ECT qualification, do you have relief staff organised and/or available and what qualifications do they hold?) |
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| Selection Criteria 1: Approved Providers' demonstrated willingness, ability and commitment to supporting services' ongoing staffing compliance.   |  |  |
|---|--|--|
| Provide a brief statement outlining the current qualifications held by staff currently employed by the service and the steps taken by the service to support staff in gaining appropriate qualifications.   |  |  |
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| Selection Criteria 2: Demonstrated workforce plan and implementation of sustainable attraction and retention strategies.  |  |  |
| Selection Criteria 2: Demonstrated workforce plan and implementation of sustainable attraction and retention strategies.  Provide a detailed workforce plan clearly identifying the strategies in place to attract, upskill and retain staff to ensure compliance and sustainability. |  |  |
| attraction and retention strategies.  Provide a detailed workforce plan clearly identifying the strategies in place to attract, upskill and retain staff to   |  |  |
| attraction and retention strategies.  Provide a detailed workforce plan clearly identifying the strategies in place to attract, upskill and retain staff to   |  |  |
| attraction and retention strategies.  Provide a detailed workforce plan clearly identifying the strategies in place to attract, upskill and retain staff to   |  |  |
| attraction and retention strategies.  Provide a detailed workforce plan clearly identifying the strategies in place to attract, upskill and retain staff to   |  |  |
| attraction and retention strategies.  Provide a detailed workforce plan clearly identifying the strategies in place to attract, upskill and retain staff to   |  |  |
| attraction and retention strategies.  Provide a detailed workforce plan clearly identifying the strategies in place to attract, upskill and retain staff to   |  |  |
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| attraction and retention strategies.  Provide a detailed workforce plan clearly identifying the strategies in place to attract, upskill and retain staff to   |  |  |

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| Selection criteria 3: Demonstrated value for r |
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Please list proposed expenditure plan and associate costs, including any co-contribution, in the budget table provided below.

| Please complete budget table below. |  |                         |                             |
|-------------------------------------|--|-------------------------|-----------------------------|
| Resources / Items                   |  | Amount (\$)<br>excl GST | Priority<br>(1=highest<br>) |
|                                     |  |                         |                             |
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| Note:                               |  |                         |                             |

## Section 6 – Authorised Person and Declaration

#### 6.1 Organisation's Authorised Person\*

Note: This is the person within the organisation who is authorised to enter into a legal contract on behalf of the organisation. Please provide a copy of your most recent AGM minutes when submitting your application where applicable.

For Kindergartens operated by a Volunteer Management Committee an authorised person in this instance refers to a member of the Management Committee, this may or may not include the Director of the service.

| Title         | Surname   |
|---------------|---|
| Given name(s) |   |
| Position      |   |
| Phone         |   |
| Email         |   |
|               | as the Authorised Person of the abovementioned service, have read |

|       | Email              |   |
|-------|--------------------|---|
| Ι,    |                    | as the Authorised Person of the abovementioned service, have read                           |
| and   | understood the Fur | nding Information Paper provided for the Workforce Qualification Assistance Grant. I verify |
| the i | nformation and the | eligibility of the service is true and correct.   |
|       |                    |   |
| Siaı  | nature             | Date  |

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**Note:**\* The total figure should equal the amount indicated at 2.1.





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