

Grow Your Own - Service Subsidy Application

Form Preview

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About the Grow Your Own Program

The NSW Department is launching a new program in the Illawarra and Wingecarribee region to increase the number of Aboriginal and Torres Strait Islander educators by offering trainee scholarships and an early childhood education and care (ECEC) service subsidy.

The objectives of the Grow Your Own Program are to:

- Increase the number of Aboriginal early childhood educators (ECE) in the Illawarra and Wingecarribee regions
- Support the ongoing development of the ECE workforce in line with the Department's Workforce Strategy
- Improve the quality of ECEC services in NSW
- Build the capacity of local people and people of diverse backgrounds in obtaining ECE qualifications and employment

About this application

This application is for Early Childhood Education and Care Services interested in giving an Aboriginal trainee the chance to start an early childhood career at their service. It is a wonderful opportunity for experienced early childhood educators to model best practice.

The subsidy is to support the employment retention of the trainee following the completion of their studies.

Full details of the program can be found in the Program Guidelines which can be accessed here: [Grow Your Own Program Guidelines](#). Applicants should read the Program Guidelines before submitting an application. If you have any questions about the application or program, please send an email to **GrowYourOwn@det.nsw.edu.au**.

Program benefits

Successful applicants will:

1. Receive \$20,000 to assist with the costs of retaining the trainee in employment for a minimum of 18 months after the end of their traineeship at or above award rates.
2. Have an opportunity to help build the capacity of local Aboriginal people in obtaining ECE qualifications and employment.
3. Receive high quality mentoring and support from ECTARC over a two year period for the trainee.
4. Be able to include trainees and apprentices in staff ratios.
5. Have a skilled worker that knows the children, parents and how your service operates.

Eligibility

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* indicates a required field

Applicants: please note

Before completing this application form, please read the **Grow Your Own Program eligibility criteria** below.

The service must

- Be a licensed service run by an approved provider
- Have a current Australian Business Number (ABN)
- Commit to employing the trainee for a minimum of 18 months following the completion of their traineeship at or above award wages

The service must not

- Be an Australian, state or territory government agency

This section of the application form is designed to help you, and us, understand if you are eligible for the Grow Your Own program. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable program.

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the Grow Your Own eligibility criteria
- Is a licensed service run by an approved provider
- Has a current Australian Business Number (ABN)
- Will commit to employing the trainee for a minimum of 18 months following the completion of their traineeship at or above award wages
- is not an Australian, state or territory government agency

Confirmation *

- I confirm the statements above

Evidence to support eligibility

Service identification number *

Provider identification number *

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

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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

Must be an ABN.

Please provide a statement confirming commitment to employ the trainee for a minimum of 18 months following the completion of their traineeship at or above award wages *

A statement confirming that the service is not an Australian, state or territory government agency *

Contact Details

* indicates a required field

Applicant Organisation Details

Applicant Service name *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Applicant Service Address Region *

Applicant Service Address *

Address

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

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Primary contact person *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.

Back-up phone number

Must be an Australian phone number.

Primary contact person's email address *

This is the address we will use to correspond with you about this grant.

Service subsidy application statement

Service subsidy statement

Applicants are required to provide a brief (maximum 2 pages) statement that demonstrates how the applicant will meet the program objectives and the applicant's commitment and approach to improving employment outcomes for Aboriginal trainees.

Please upload your statement

Attach a file:

maximum 2 pages long

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant

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organisation is approved for this program we will be required to accept the terms and conditions outlined in the letter of offer.

I agree *

Yes

No

Name of authorised person *

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

Very easy

Easy

Neutral

Difficult

Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.