**Family Learning Partnerships 2017**

**Expression of Interest Form**

Introduction

The ACFE Board has committed funding to engage additional sites to deliver Family Learning Partnerships Programs. The Expression of Interest (EOI) form should be completed using the attached FLP guidelines.

The EOI is designed assess the capacity, capability and sustainability of each proposal to support the learning needs of parents experiencing disadvantage.

Funding

Interested Learn Local organisations (LLOs) will be required to submit a completed EOI form including a program budget, which includes the **$28,000** contribution from the ACFE Board to support the program implementation and delivery. Please note that funding will be paid against key reporting milestones.

Application Process

**Expressions of Interest are due on 5 May 2017 by 5pm and should be emailed in Microsoft Word format to:** [**training.participation@edumail.vic.gov.au**](mailto:training.participation@edumail.vic.gov.au)**.**

LLOs are encouraged to complete the EOI template in collaboration with collaborating organisations.

Assessment Criteria

EOI applications will be assessed against the selection criteria and key considerations below. Assessment will be conducted by a panel of Department of Education and Training representatives.

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| **Criteria:** | **Key Considerations:** |
| **Completion of application** | * Application is complete, concise, clear and all relevant information is provided. * Application is submitted on time. |
| **Partnering Arrangements** | * Partnerships have been identified and the program plan demonstrates the capability and capacity of the partnership to be actively involved in program delivery. * Applicants have assessed the readiness and availability of the proposed partnerships to contribute to the program. * The principles and attributes of good partnerships are embedded in the partnering arrangements. |
| **Program design is aligned to program outcomes** | * Engaging and addressing barriers to learning for parents experiencing disadvantage (social, economic or educational disadvantage). * Using formal and informal learning activities to help parents experiencing disadvantage to start a pathway to further education and employment. * Growing collaborative partnerships between participating LLOs, community based services and other educational organisations. * Effective and sustainable plans. |
| **Proposed project meets criteria** | Responses to each criteria demonstrate ability and readiness to deliver a family learning project that is tailored to meet the needs of the local community. |

**Family Learning Partnerships - Expression of Interest Form**

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| **DETAILS OF LEARN LOCAL** | | |
| **Organisation Name** |  | |
| **Contact person** |  | |
| **Phone number** |  | |
| **Region** |  | |
| **Partnering organisations:** | | **Co-lead or partner?**  **(if applicable)** |
| **Name of Partner 1** |  |  |
| **Name of Partner 2** |  |  |
| **Name of Partner 3** |  |  |

**SECTION 2: PROJECT OVERVIEW**

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| **SELECTION CRITERIA** Please respond to each of the following. |
| **Please briefly describe your project proposal (no more than a page) and address how it will align to the outcomes of the Family Learning Partnerships Program?** |
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| **How will your project benefit families in your local community and respond to their learning needs and aspirations including connecting them to possible further education and/or employment pathways?** |
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| **What skills and previous experience does your organisation have in establishing community partnerships including any examples of previous successful partnerships with schools, early childhood services or other community organisations and/or Learn Local Organisations?** |
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| **How you will work in partnership with local organisations to actively participate in the Family Learning Partnerships Program and achieve sustainable outcomes for parents?** |
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| --- | --- | --- | --- | --- |
| **INDICATIVE BUDGET** | | | | |
| **Description of Expense** | **Total Budgeted Expense** | **Amount Funded through DET ($)** | **Amount funded by Organisation &/or Partners - financial contribution ($) OPTIONAL** | **Amount funded by Organisation &/or Partners  - in-kind contribution ($) OPTIONAL** |
|  |  |  |  |  |
| (add lines as required) |  |  |  |  |
| **Total:** |  |  |  |  |

**Capacity and Capability**

**Please outline who will be delivering the project, their role and previous relevant skills and experience.**

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| --- | --- | --- | --- |
| **Name** | **Organisation** | **Role** | **Skills** |
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**SECTION 4**

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| **APPLICANT DECLARATION** |

I confirm that:

* The information contained in this application is true and correct. I understand that the information provided in this application and any subsequent project report may be used by DET for assessment and reporting purposes.

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**Name Date**