Application to be considered as a participant in the ACFE Board LLN Flagship Project

Workplace Learning Program

Please scan and email your completed application form to Josie Rose at [josie.rose@cae.edu.au](mailto:josie.rose@cae.edu.au)

by COB 26th May 2014

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| --- | --- |
| Name: |  |
| Position: |  |
| Organisation: |  |
| Region: |  |
| Telephone: office |  |
| Telephone: mobile |  |
| Email address: |  |

Do you have the capacity to deliver accredited LLN programs? Yes □ No □

Not an RTO □

Do you have the capacity to deliver pre-accredited programs with a focus on LLN and employment skills?

Yes □ No □

Please answer the following questions in support of your application (max. 250 words per section):

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| 1. If you answered yes to any of the above questions, please tell us more about the LLN programs you currently deliver, and to which student cohorts. |
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| 1. Please outline your current engagement with any local businesses/industries or enterprises to train their workers. If you are not currently engaging with them, can you tell us why? |
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| 1. Please outline your particular interest in participating in this project. You will be supported to build the skills and create tools to engage with local industries to develop targeted LLN and broader employment skills training to workers and local businesses. You will also evaluate the impact and outcomes through action research. |
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| 1. Who will participate in this program? Please include names and role in the organisations (e.g. teacher, manager, etc) |
| 4.1 Manager/ co-coordinator  4. 2 Teacher(s) |

Please sign and date:

If selected to participate in this project we will commit the resources to ensure our project timelines and deliverables are met.

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Manager/ Co-ordinator / CEO Date