Ignite CHCSS00101 Educator Application

Form Preview

CHCSS00101 Language, Literacy and Numeracy Tutor Skill Set for ACE Educators

* indicates a required field

Introduction

Over the next three years, through the National Skills Agreement, the Government of South Australia is investing in strengthening the adult community education (ACE) workforce and reinforcing the role of ACE at the heart of building foundation skills in our community.

Skills SA undertook consultation with ACE providers, to help shape workforce development approaches that are practical, meaningful and responsive to real needs. Educators and providers shared valuable insights about workforce challenges, professional learning opportunities and the supports required to better meet learner needs.

The resulting approach reflects strong sector support for practical and flexible professional development, recognition of existing capability and stronger connections across the ACE workforce. It also acknowledges the funding and workforce capacity constraints experienced by ACE providers and seeks to minimise barriers to participation.

Eligible Adult Community Education (ACE) providers seeking to build their capability in learner supports are invited to apply for:

- *up to two fully subsidised places for educators in the CHCSS00101 Language, Literacy and Numeracy Tutor Skill Set for ACE educators, delivered by TasTAFE (RTO ID: 60142)*
- *scholarship of $200 per educator.*
- *bursary of $1,000 per educator for the ACE provider to support release time for educators to undertake and complete the skill set.*

The Skill Set is designed for new ACE educators and for current educators seeking to formalise their skills in teaching foundation skills.

Applicants: please note
Before starting this application, you should read and understand the CHCSS00101 Language, Literacy and Numeracy Skill Set for ACE Educators Guidelines.

Only one application per provider will be accepted. You may apply for up to two educators per application.

Incomplete applications and/or applications received after the closing date **will not** be considered.

Only eligible providers are able to apply.

If you have any questions **about the guidelines and application**, please email DSD.SEED@sa.gov.au

Name *

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Title | First Name | Last Name

Contact Position Title *

Contact Mobile Number *

Must be an Australian phone number.

Contact Email *

Must be an email address.

Are you a South Australian ACE provider with a Funded Activities Agreement (FAA) with Skills SA?

☐ Yes
☐ No

Organisation Name

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	
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.

Is your organisation currently delivering publicly subsidised Adult Community Education (ACE) to students in South Australia?

☐ Yes
☐ No

Is your organisation compliant with Skills SA contract obligations?

☐ Yes
☐ No

Educator Details

* indicates a required field

Name *

First Name

Last Name

Position *

What is their role in your organisation? *

Why has this person been nominated to complete the CHCSS00101 Language, Literacy and NumeracySkill Set? *

Impact

* indicates a required field

What strategies will your organisation put in place to support the nominated educator/s attendance at sessions, undertake self-paced learning and complete assessments? *

How will the nominated educator/s share their learning and support the practice of colleagues and peers? *

What do you expect the impact of having skill set-qualified educators to be for your learners, educators and organisations? *

Declaration

* indicates a required field

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 confirm:

- I have read and understood the CHCSS00101 Skill Set guidelines
- The information provided in this application is true, correct and complete
- As part of the assessment of this application, I authorise the Minister to provide any information to, and seek information from, other parties
- I understand this is an application only and is not an offer on the part of the Minister which is capable of acceptance
- I understand that the program may be publicly promoted
- I understand that if any part of the application is false or misleading, the Minister may withdraw a project offer at its sole discretion with no liability attaching to the Minster
- AND I declare there is no actual or potential conflict of interest by officers and employees of the Applicant
- AND I declare the Applicant does not employ or has not engaged the services of person/s who has/have a duty to the Minister as an adviser, consultant or employee
- AND I am authorised to make this declaration on behalf of the Applicant, and I make this solemn declaration conscientiously believing the same to be true

I agree *
○ Yes

Name of Authorised Person *
First Name Last Name

Position *

Contact Phone Number *
Must be an Australian phone number.

Contact Email *
Must be an email address.

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Date *

Must be a date.