MTA Apprentice Mentoring Program
Form Preview

Introduction

Applicants: please note

If you contact us throughout the application process, please quote the application number below:

Application Number

This field is read only.

Organisation Details

* indicates a required field

The lead organisation has ultimate responsibility for the project and is signatory to the funding agreement with Skills SA. The nominated contact in this application is the person that Skills SA will correspond with about the application and grant.

Application Contact Details

Contact Person Name *

First Name Last Name

This is the person we will correspond with about this grant.

Position *

Email *

Phone Number *

Organisation Details

Registered Trading Name *

ABN *

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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.

Do you have a current Funded Activities Agreement (FAA) with Skills SA? *

○ Yes ○ No ○ Unsure

Contract Representative

Name *

First Name Last Name

Chief Executive or Equivalent

Position *

Head Office Address *

Address

Place of Business in South Australia *

Address

Numbers of Years Trading *

Must be a number.

Number of Employees *

Project Details

* indicates a required field

Project title: *

Anticipated start date *

Anticipated end date *

Must be a date and no later than 30/6/2027.

List the occupational title(s) *

Region

Select the region(s) you intend to deliver the project in *

- ☐ Metropolitan Adelaide
- ☐ Adelaide Hills
- ☐ Barossa, Light and Lower North
- ☐ Eyre & Western
- ☐ Fleurieu and Kangaroo Island
- ☐ Far North
- ☐ Limestone Coast
- ☐ Murray and Mallee
- ☐ Yorke and Mid North

Rationale and evidence for the solution

What is the current situation or opportunity that you are seeking to address *

Word count:

Must be no more than 500 words.

What is the nature and scale of the skills shortage you are targeting? What are the issues and factors contributing to the skills shortage?

What are you seeking to do to respond to the problem or opportunity you've identified? *

Word count:
Must be no more than 500 words.
What are the objectives and scope? Of the potential options available to address the issue, why is your approach most suitable? What solutions have been previously tested to address this shortage, and how will your proposal build on these?

Include relevant references and citations to evidence to support your rationale

Word count:
Must be no more than 300 words.

Project Design

* indicates a required field

Timing and Sequencing of Project Activities

Timing and Sequencing of Project Activities (1)

Project Activity *

Duration of Activity *

Partner(s) involved *

Description of Activity *

Word count:
Must be no more than 200 words.

Timing and Sequencing of Project Activities (2)

Project Activity *

Duration of Activity *

Partner(s) involved *

Description of Activity *

Word count:
Must be no more than 200 words.

Timing and Sequencing of Project Activities (3)

Project Activity *

Duration of Activity *

Partner(s) involved *

Description of Activity *

Word count:
Must be no more than 200 words.

Project outcomes and evaluation

* indicates a required field

What outcomes will be achieved? *

Word count:
Must be no more than 500 words.
How will your proposal contribute to addressing skill shortages in the short, medium or longer term?
What does success look like? How will you demonstrate and measure outcomes?

How will you share the lessons learnt from the project and embed the solution with partners, industry and/or regions? *

Word count:
Must be no more than 500 words.

How will you evaluate the project? *

Word count:
Must be no more than 500 words.
Consider, what methodology or approach will be used to evaluate the project? When will evaluation activities occur?

How will the project identify and respond to changing circumstances during delivery? *

Word count:
Must be no more than 500 words.

Budget

* indicates a required field

Budget Template

Please upload your completed budget template *
Attach a file:

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 that:

- 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 that this is an application only and is not an offer on the part of the Minister which is capable of acceptance
- I understand and agree that the Department of State Development Student Wellbeing Services and Upfront Assessment of Need process applies to where applicable
- I understand that all Skills SA projects may be publicly promoted

- I understand that if any part of the application is false or misleading, and the Minister offers the Applicant a Funded Activities Agreement, the Minister may withdraw such offer at its sole discretion with no liability attaching to the Minster
- I understand that if the Minister enters into a Funded Activities Agreement with the Applicant and subsequently discovers that any aspect of the application is false or misleading, then the Minister may immediately terminate the Funded Activities Agreement at its sole discretion and recover any funding already provided to the Applicant.
- I declare there is no actual or potential conflict of interest by officers and employees of the Applicant
- I declare that 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

I agree *

○ Yes ○ No

Name of authorised person *

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