**Skills Fund round ST058 - Skills Fund employer support declaration**

***ALL FIELDS MUST BE COMPLETED***

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| **Application ID** |  | |
|  | **Employer Information** | |
| **Name of employer/business name** |  | |
| **Total number of full-time equivalent (FTE) employees employed by this business** |  | |
| **Total number of employees to participate in this training** |  | |
| **Employer contact name** |  | |
| **Employer contact job title** |  | |
| **Employer contact phone number** |  | |
| **Employer contact email** |  | |
|  | **RTO and training product information** | |
| **RTO code and name** |  | |
| **Qualification or skill set** | **Qualification or skill set code and title** | **Number of employees to undertake training** |
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| Why does your business need this training? (This may include improved product or process quality, increased efficiencies, business growth, expansion or sustainability.) |
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By **signing** this form:

* I **CONFIRM** that the proposed qualification or skill set, the program structure, the duration of the training and the training method reflects the needs of my employees and organisation.
* I **ACKNOWLEDGE** that the information I provide in this document supports the content of the application only and may not result in a grant.
* I **AGREE** to participate in post-program evaluation.

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| --- | --- |
| **Date** |  |
| **Signature** |  |