Request for Funding

This request should be completed and forwarded to the Office of the Commissioner for Public Employment (OCPE) prior to the issuing of an offer of employment as funding is limited.

Please forward completed request to:

OCPE, Strategic Workforce Planning and Development

**Email:** [swpd.ocpe@nt.gov.au](mailto:swpd.ocpe@nt.gov.au)

**Phone:** 8999 3708

**Postal:** GPO Box 4371, Darwin NT 0801

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| --- | --- | --- | --- | --- | --- | --- |
| **Host Agency Details** | | | | | | |
| **Agency:** |  | | | | | |
| **Supervisor’s Name:** |  | | | | | |
| **Work Unit:** |  | | | | | |
| **Location:** |  | | | **Phone:** | |  |
| **HR Contact** |  | | | **Email:** | |  |
| **Nomination Details** | | | | | | |
| **Participant details** | | Mr Ms | Mx | | Other | |
| First Name: | | | | |
| Surname: | | | | |
| **Position details** | | **Classification**: | AO2  T1 | | PH2 PH3  T2 Other | |
| **Position title**: | | | | |
| **Placement details** | | **Hours Per Week:**  **Length of placement (months):** | | | | |
| **Job Description Attached:** | | **Yes No** | | | | |
| **Training and Development Plan** | | | | | | |
| Agencies are required to provide OCPE with a copy of the Training and Development Plan for each DEP Participant **no later than four (4) weeks** from the date of funding approval. Please indicate if you require assistance from OCPE to develop a plan.  **Yes** No | | | | | | |

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| **Disability Employment Services (DES) Provider** | | | | | |
| **DES Provider:** |  | | | | |
| **Contact Name:** |  | | | | |
| **Agency Declaration (please tick confirming the following)** | | | | | |
| **The nominee meets the eligibility criteria under the DEP** | | | | |  |
| **The nominee has not previously received funding under the DEP, including in another agency** | | | | |  |
| **The manager has completed the Disability Confident Managers eLearn and encouraged team members to also complete the training.** | | | | |  |
| **The manager has read the following documents and is aware of, and agrees to, their obligations under this program.**  **The DEP Guidelines (attached to this form)** | | | | |  |
| **The EmployAbility Strategy** | | | | |  |
| **Determination 2 of 2015** | | | | |  |
| **Signed:** | | | | | |
| **Office Use Only** | | | | | |
| **Nomination/s received at OCPE** | | | | | |
| **Nomination meets Eligibility Criteria** | | **Yes** No | **Comment:** |  | |
| **Approved:** | | **Yes** No | **Comment:** |  | |
| **Agreed Salary:** | |  | **Contract Dates:** |  | |
| **Hours per week:** |  | |
| **Approved Program Manager** | |  | **Date:** |  | |
| **Approved Senior Director SWPD** | |  | **Date:** |  | |