Elsa Dixon Aboriginal Employment Grant

OVERVIEW

The Elsa Dixon Aboriginal Employment Grant (EDAEG) is an initiative of the NSW Government to encourage job opportunities and career advancement for Aboriginal people. The aim of the program is to promote diversity, innovation and service responsiveness in the NSW workforce by reducing barriers to employment and promotion for Aboriginal people.

Who can apply for funding?

The EDAEG provides funding to organisations (not individuals) to support Aboriginal education, employment and training.

Organisations applying for funding under the EDAEG must be registered, based in NSW and provide services within the State. To be eligible, organisations must be a:

- NSW public service agency; or
- NSW local government authority operating under the Local Government Act 1993

Grant Elements

- **Permanent Employment** – $30,000 up to $40,000 (dependent on level of position) to support permanent employment.
- **Temporary Secondment** – $20,000 up to $40,000 (dependent on level of position) to support a temporary position of up to 12 months that offers significant skill development for a permanent employee.
- **School-based Apprenticeships and Traineeships** – $10,000 one off payment to support school-based apprenticeships and traineeships.

Further Information

For more information on the Elsa Dixon Aboriginal Employment Grant or if you require assistance, Please Contact:

Mitch Lowrie
Elsa Dixon Program Manager
mitchell.lowrie1@det.nsw.edu.au

Eligibility

* indicates a required field
Applicants: please note

Before completing this application form, you should have read the EDAEG Grant guidelines below:

**Elsa Dixon Aboriginal Employment Grant Guidelines**

Incomplete applications will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact Elsa Dixon Program Manager.

**Confirmation of Eligibility**

I confirm that I …

- Have read and understood the Program Guidelines
- Am able to demonstrate alignment between my Organisations and the aims of the EDAEG
- Am an NSW Public Service agency; or NSW Local Government Authority operating under the *Local Government Act 1993*
- Based in NSW and provide services within the State
- Proposed positions have not been filled prior to applying for this Grant

**Do you agree to the above conditions?**

- Agreed

N.B Applicants will only be able to proceed if they agree

**Organisation Details**

* indicates a required field

**Applicant Organisation Details**

Please indicate if you are a NSW Public Service Agency or NSW Local Government Authority:

- NSW Public Service
- NSW Local Government Agency
- Neither

You must confirm that all statements above are true and correct.

**Applicant organisation name**

Organisation Name

Please use your organisation’s full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.
**Department / Branch / Faculty **

Use this field only if relevant

**Applicant Primary Address**
Address

**Applicant Postal Address**
Address

**Applicant 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.

<table>
<thead>
<tr>
<th>Information from the Australian Business Register</th>
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<tbody>
<tr>
<td>ABN</td>
</tr>
<tr>
<td>Entity name</td>
</tr>
<tr>
<td>ABN status</td>
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<tr>
<td>Entity type</td>
</tr>
<tr>
<td>Goods &amp; Services Tax (GST)</td>
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<tr>
<td>DGR Endorsed</td>
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<tr>
<td>ATO Charity Type</td>
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<tr>
<td>ACNC Registration</td>
</tr>
<tr>
<td>Tax Concessions</td>
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<tr>
<td>Main business location</td>
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</tbody>
</table>

More information

Must be an ABN.

**Applicant website **

Must be a URL

**Primary contact person **

<table>
<thead>
<tr>
<th>Title</th>
<th>First Name</th>
<th>Last Name</th>
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</table>

This is the person we will correspond with about this grant

**Position held in organisation **
Primary phone number *

Back-up phone number *

Primary contact person's email address *
This is the address we will use to correspond with you about this grant.

Grant Elements
* indicates a required field

Please tick the Grant Element(s) you are applying for:

* ☐ Permanent (Ongoing) Employment
☐ Temporary (Term Employment) Secondment
☐ School Based Apprenticeship or Traineeship (SBAT)

At least 1 choice and no more than 3 choices may be selected.

Permanent (Ongoing) Employment
* indicates a required field

Proposed Position Details:

N.B. If you are applying for more than one position, a separate application is required for each position.

Title of proposed position *

Salary scale of proposed Position (minimum salary required $94,000) *

Attach a copy of the Role Description. *
Attach a file:

Is the position permanent full-time or permanent part-time? *
Does the position form part of a bulk or annual recruitment intake? *

Is the proposed position a new or existing position within the current staffing structure of the organisation? *

If the position is an existing position, has its status been changed to an identified Aboriginal position only? *

Is the proposed position an Aboriginal identified position? *

Has the proposed position been filled to date (either permanently or temporarily)? *

What arrangements are proposed for the supervision, support and guidance of the occupant of the position? *

Word count: Must be no more than 300 words.

What development prospects and promotion pathways will be available to the occupant of the position? *

Word count: Must be no more than 300 words.

Will an Aboriginal person be permanently employed in the position if the application is successful? *

Any further information you would like to provide to support your application?

Temporary (Term Employment) Secondment

* indicates a required field

Proposed Position Details:
N.B if you are applying for more than one position, a separate application is required for each position.

**Title of proposed position **

**Salary scale of proposed position (minimum salary required $83,000)**

**Attach a copy of the Role Description**
Attach a file:

**Has the proposed position been filled date?**

**is the temporary secondment position, full-time or temporary part-time?**

**What is the proposed duration of the temporary secondment placement (in weeks)?**

**Is the proposed position a new or existing position within the current staffing structure of the organisation?**

**Is the proposed position an Aboriginal identified or targeted position?**

**What arrangements are proposed for the supervision, support and guidance of the occupant of the position?**

Word count:
Must be no more than 300 words.

**What skills and competencies will be acquired by the occupant of the position and how will these provide a significant skills development opportunity?**

Word count:
Must be no more than 300 words.

If the application is successful, is it intended that the proposed position will be created as a permanent position after the end of the funding period?
Any further information you would like to provide to support your application?

### School Based Apprenticeship or Traineeship (SBAT)

* indicates a required field

**Proposed School Based Apprenticeship or Traineeship Details:**

**Has the SBAT position(s) been filled to date?**
- No
- Not Eligible

**How many positions are you applying for?**

Recruitment/Sign up timeframe

I agree that if the recruitment process is not finalised (including signing into a Apprenticeship or Traineeship through a Apprenticeship provider) and an Aboriginal student has not received a commencement date within 3 months of signing a letter of offer the funding offer will lapse and will not be entitled to Payment.
- Agreed
- Not Eligible

**Proposed Position Details:**

<table>
<thead>
<tr>
<th>Apprenticeship or Traineeship</th>
<th>Qualification title and level (e.g. Certificate III in Business Administration)</th>
<th>Describe how your Agency will supervise and support each position (please include Workplace Health and Safety Policy)</th>
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Must be no more than 300 words.

Proposed SBAT position details
Attach a copy of the Role Description for each proposed position *
Attach a file:

Is there an opportunity for continued employment following the completion of the Apprenticeship/Traineeship? *

Any further information you would like to provide to support your application?

Certification and Feedback
* indicates a required field

Certification

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 certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in Program Guidelines.

I agree *

○ Yes
○ No

Name of authorised person *

Title
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 *

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

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Must be a date