

## 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** - \$20,000 up to \$40,000 (dependent on level of role) to support permanent employment.
- **Temporary Secondment** - \$20,000 up to \$40,000 (dependent on level of role) 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.
- **Post School** - \$10,000 - \$20,000 one off payment to support an apprenticeship or traineeship for an Aboriginal person who successfully completed a Year 12 Higher School Certificate (HSC) requirements in the previous year. Learners must be engaged in an Apprenticeship or Traineeship, established under the Apprenticeship and Traineeship Act 2001, to obtain this grant.

### Further Information

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

Elsa Dixon Aboriginal Employment Grant Team

Email: [TSNSW.EDAEG@det.nsw.edu.au](mailto:TSNSW.EDAEG@det.nsw.edu.au)

Phone; 13 28 11

# Elsa Dixon Application Form 2023/2024

## Form Preview

Our Guidelines: <https://education.nsw.gov.au/content/dam/main-education/en/home/skills-nsw/aboriginal-and-torres-strait-islander-peoples/edaeg-guidelines-2023.pdf>

## Eligibility

\* indicates a required field

### Applicants: please note

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

[https://www.training.nsw.gov.au/forms\\_documents/programs\\_services/aboriginal\\_services/edaeg\\_guidelines\\_2021.pdf](https://www.training.nsw.gov.au/forms_documents/programs_services/aboriginal_services/edaeg_guidelines_2021.pdf)

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 email address;

TSNSW.EDAEG@det.nsw.edu.au

## Confirmation of Eligibility

### I confirm that I ...

- Have read and understood the Program Guidelines
- Am able to demonstrate alignment between my Organisation commitment to Aboriginal employment 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 : \***

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- ☐ 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 organisations 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.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### **Applicant website \***

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Must be a URL

### Organisation's Current Reconciliation Action Plan (RAP) and / or Aboriginal Employment Strategy

Attach a file:

If you are unable to provide these documents please email TSNSW.EDAEG@det.nsw.edu.au

### Primary contact person \*

Title

First Name

Last Name

This is the person we will correspond with about this grant

### Position held in organisation \*

e.g. Manager, Board Member, Fundraising Coordinator

### Primary phone number \*

### Primary contact person's email address \*

### Secondary Contact person

### Secondary contact person's email address \*

This is the address we will use to correspond with you about this grant.

### Secondary contact persons phone contact

Must be an Australian phone number.

## Grant Elements

\* indicates a required field

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

### Grant Elements \*

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

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No more than 1 choice 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 \***

**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? \***

Must be an Identified or Targeted role in order to be eligible

**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? \***

# Elsa Dixon Application Form 2023/2024

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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.

## 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.*

*The creation of a temporary position (Minimum six months, up to twelve months) that will provide a significant skill development opportunity for an Aboriginal person who is already permanently employed in a NSW public service agency or local government authority.*

**Title of proposed position \***

**Salary scale of proposed position \***

**Attach a copy of the Role Description \***

Attach a file:

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

**Is the proposed duration of the temporary secondment placement aligned with the EDAEG guidelines (Minimum six months, up to twelve months)? \***

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## Form Preview

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

**Is the proposed position an Aboriginal Identified position? \***

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

Word count:

Must be no more than 300 words.

**What skills and competencies will be acquired by the recipient and how will these provide a significant skill development opportunity? \***

Word count:

Must be no more than 300 words.

Please outline any internal and / or external training opportunities your organisation will deliver

**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? \***

## School Based Apprenticeship or Traineeship (SBAT)

\* indicates a required field

Proposed School Based Apprenticeship or Traineeship Details:

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

Must be a specific number, not a range

**Does your organisation have a recruitment strategy in place for the SBAT positions?**

**Please outline your organisations Recruitment Strategy or Plan**

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## Form Preview

### Recruitment/Sign up Time Frame

**I agree that if the recruitment process is not finalised (including signing into a Apprenticeship or Traineeship through a Apprenticeship Network Provider) and an Aboriginal Learner has not received a commencement date within 3 months, the approval of this application will lapse and will not be entitled to payment.**

- ☐ Agreed  
☐ Not Eligible

### Proposed Position Details:

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

### Additional Information

**Attach a copy of the Role Description for each proposed position \***

Attach a file:

**Please outline your internal employment strategy regarding the retention of positions that you are applying for? \***

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

### Post School Employment

#### Proposed Post School Apprenticeship or Traineeship Details

This element contributes towards the continuation of employment in the form of a higher-level Traineeship for an Aboriginal person who successfully completes the Higher School Certificate (HSC) requirements in the previous year.



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

**Has the Learner(s) successfully completed a Higher School Certificate (HSC) in 2022?**

Evidence of HSC completion will be required post approval

**What additional qualifications has the Learner (s) completed?**

Past School Based Traineeships, VET courses, white card , first aid

## Recruitment/Sign up Time Frame

**I agree that if the recruitment process is not finalised (including signing into a Apprenticeship or Traineeship through a Apprenticeship Network Provider) and an Aboriginal Learner has not received a commencement date within 3 months of signing the Funding Deed, the offer will lapse and the application will not be entitled to payment.**

- ☐ Agreed  
☐ Not Eligible

## Proposed Position Details

<b>Apprenticeship or Traineeship</b>	<b>Qualification title and level (e.g. Certificate III in Business Administration)</b>	<b>Describe how your Agency will supervise and support each position (please include Workplace Health and Safety Policy)</b>
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## Additional Information

**Attach a copy of the Role Description for each proposed position**

Attach a file:

**Please outline your internal employment strategy regarding the retention of positions that you are applying for?**

# Elsa Dixon Application Form 2023/2024

## Form Preview

### Additional Information

**Would you like to provide further information to support your application?**

### Certification and Feedback

**\* indicates a required field**

#### Certification

This section must be completed by an appropriately authorised Director or Senior Manager 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

Appropriately authorised Director or Senior Manager

**Position \***

Position held in applicant organisation (e.g. Director or Senior Manager)

**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 \*

Must be a date