

DFSV Training Scholarships EOI

Form Preview

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* indicates a required field

Registration Information

Thank you for your interest in the Domestic, Family and Sexual Violence Training Scholarships.

Please ensure you have read the [GUIDELINES](#)

Note that you must be a service provider in the Hunter New England and Central Coast region to apply.

Submitting an application is no guarantee of securing a scholarship. Successful applicants will be notified.

The information in this registration form will be used in your Letter of Agreement if you are successful.

Please ensure you enter the correct details, including punctuation.

If you have any questions, please contact **grants@thephn.com.au** or call **1300 859 028** during business hours.

Program

This field is read only.

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

Grant Application Number

This field is read only.

DFSV Training Scholarships Conditions

Once you have completed the training, the learnings and skills are to be used to deliver healing and recovery services to victim survivors of DFSV in the Hunter New England and Central Coast regions.

This is a condition of applying for a grant and will form part of the letter of agreement.

If you do not intend to implement healing and recovery services you are not eligible for this grant.

Please select below that you acknowledge and confirm your intent to implement healing and recovery services for DFSV victim survivors *

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☐ Yes

☐ No

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, located [here](#).

Future Notifications

☐ I DO NOT wish to be notified of upcoming grant opportunities.

Contact Details

* indicates a required field

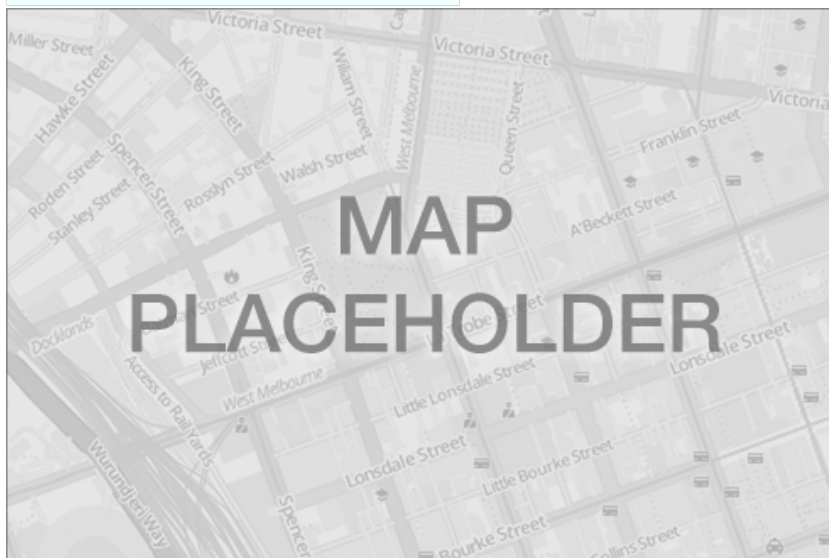
Applicant *

Organisation Name

This is an organisation with an ABN.

Applicant Primary Address *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant Contact *

Title

First Name

Last Name

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Authorised contact person of the organisation

Applicant Primary Email *

Must be an email address.

Applicant Primary Phone Number *

Must be an Australian phone number.

ABN

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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Are you an Aboriginal Controlled Community Organisation or First Nations led? *

- ☐ Yes
☐ No

Are you partnering with an organisation to share the training scholarship? *

- ☐ Yes
☐ No

Partner Organisation for shared training

Organisation Name

ABN

	Must be a number.
Organisation Name	

DFSV Healing and Recovery Training

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What is the proposed professional development activity and planned increase in skill, capacity and/or scope of clinical practice. *

What primary health workforce need and/or what enhancement to services in areas of identified or DFSV need will the training address? *

Once acquired, how will the training or skills will be utilised in the HNECC PHN area to deliver services to victim survivors of DFSV in the healing and recovery phase. *

How will this enable your organisation to deliver DFSV healing and recovery services

Where will the DFSV healing and recovery services be delivered following the training? *

- ☐ Central Coast
- ☐ Moree
- ☐ New England
- ☐ Mid North Coast (up to Taree)
- ☐ Lower Hunter/Newcastle
- ☐ Upper Hunter
- ☐ Port Stephens

Please choose all that apply

What will be the benefits and outcomes that will be able to be delivered to victim survivors via learned skills? *

Employee Details for Training

* indicates a required field

Type of training

Please outline the details of the training that you would like to undertake. *

Refer to guidelines for permissible training

Training Provider *

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Training or course name *

Start Date if known

Must be a date.

End Date if known

Must be a date.

Please upload evidence of the proposed costs - this can be a quote, invoice, flyer of information. Documents which contain only a link to the course website will not be accepted. You must NOT have paid for the course at the time of submission. *

Attach a file:

More than 1 file can be uploaded. Max 25mb.

Total Training Cost (ex GST) *

Must be a dollar amount.

What is the total cost of the training ex GST.

Total Amount Requested (ex GST) *

Must be a dollar amount.

What is the total financial support you are requesting in this application?

Are you providing any co-contributions towards the training costs? If so, please enter the amount you are contributing below.

Must be a dollar amount.

Employees undertaking training

The scholarships can be for individual or group training.

For individual training, the maximum cost of training that will be subsidised is \$5000 ex GST per person and a minimum of \$1000 ex GST.

For group training (2 or more people), the maximum cost of training that will be subsidised is \$10,000 ex GST with a limit of \$5000 per person.

All costs are to be confirmed with evidence.

Number of employees undertaking training *

Must be a number.

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Employee Details

For each employee who will be the beneficiary of training subsidised through these scholarships, the PHN requires permission to contact for the purpose of assessment, evaluation of training results and follow up on the implementation of learned skills in delivery of DFSV healing and recovery programs.

If more than 4 employees are undertaking training please provide the main contact person only. A full list will be obtained if required.

Employee who will complete training	Nominee's Position	Nominee's Phone	Nominee's Email	Permission to contact
First Name Last Name				<input type="radio"/> Yes <input type="radio"/> No
First Name Last Name				<input type="radio"/> Yes <input type="radio"/> No
First Name Last Name				<input type="radio"/> Yes <input type="radio"/> No
This is the person who will be attending the training.		Must be an Australian phone number.	Must be an email address.	

Certification and Feedback

* indicates a required field

Bank Details

If successful, you will be allocated a provisional scholarship. Payment will be via reimbursement upon evidence of payment to the training provider.

Evidence of completion of the training is required.

If this is not provided, the scholarship funds are required to be paid back to the PHN.

Bank Account

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Bank name *

To expediate payment is successful, our accounts department requires a signed SUPPLIER FORM to be completed. Please download a copy and complete. This can then be uploaded below.

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[SUPPLIER FORM TO DOWNLOAD AND COMPLETE](#)

Please upload the completed supplier form *

Attach a file:

A minimum of 1 file must be attached.

Certification

Thank you for registering your expression of interest.

I certify that to the best of my knowledge the statements made within this registration form are true and correct.

I also understand that:

1. Grants to undertake the training are allocated based on an assessment and submitting an application is no guarantee of receiving a training scholarship.
2. Evidence of course completion will be required for nominated employees.

3. Any failure to attend or discontinuation without prior notification may result in the PHN seeking reimbursement of the scholarship funding.

NOTE: If personal or special circumstances prevent the employee from starting or completing the course within the designated timeframe, you will need to discuss your options with the PHN.

4. I have read and understood the [guidelines](#) for the scholarships.

I Agree *

☐ Yes

☐ No

☐ Please contact me to discuss

Date *

Must be a date