**HEALTHY PRACTICES PROGRAM**

**FUNDED TRAINING FOR EXISTING AND FUTURE WORKFORCE**

**EXPRESSION OF INTEREST**

(To be submitted by COB Monday 5 November 2021)

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| **ORGANISATIONAL DETAILS** |
| **Legal Name** |  | **ABN** |  |
| **Trading Name** |  |
| **Address** |  |
| **DETAILS OF PERSON COMPLETING THE EXPRESSION OF INTEREST** |
| **Full Name** |  | **Position** |  |
| **Phone** |  | **Email** |  |
| **UPSKILLING CURRENT EMPLOYEES**  |
| Please complete this session with the details of training requests for current employees. **Please note,** signing up employees under a traineeship will not have an impact on their current employment conditions. It will allow employees to be upskilled under the funding model. Employees must be working a minimum of 15 hours per week part time to be eligible for funding. |
| **Qualifications** | **Names of Employees to Enrol** | **Employee works a min. of 15 hrs/week part time?** |
| **Certificate IV in Health Administration** |  | Yes ⬜ No ⬜ |
|  | Yes ⬜ No ⬜ |
|  | Yes ⬜ No ⬜ |
| **Certificate IV in Medical Practice Assisting** |  | Yes ⬜ No ⬜ |
|  | Yes ⬜ No ⬜ |
|  | Yes ⬜ No ⬜ |
| **Diploma of Practice Management** |  | Yes ⬜ No ⬜ |
|  | Yes ⬜ No ⬜ |
| **FUTURE WORKFORCE NEED** |
| When considering the needs of your organisation, what would be your ‘wish list’ to ensure the organisation is equipped with the appropriate employee numbers and skill level? When completing this section consider the organisation as a whole, including support for administration and clinical staff.  |
| **Future Roles / Qualifications** | **Number of employees** |
| Certificate III in Health Administration (Health Administrator / Receptionist |  |
| Certificate III in Health Services Assistance (Assistant in Nursing) |  |
| Other: [Please specific positions] |  |
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