

Sample form, not for offline completion.

Visit <https://batteryskills.grantplatform.com> to apply.



Training Grant Application Form

Please note: we've moved to a new grants platform. To start or submit an application, head to grant.poweringaustralia.com.au.

Powering Australia offers training grants to Australian businesses actively involved in the battery value chain. The grant provides financial support to train and upskill your existing team.

Complete the Training Grants Application form at grant.poweringaustralia.com.au if you are seeking battery-related training such as:

- component, cell, EV pack or BESS assembly and manufacturing
- mining, mineral processing or refining relevant to the battery supply chain
- battery storage design, installation and maintenance
- safe battery handling and transport
- EV servicing and support
- dismantling, recovery, repair and recycling of battery systems
- other training across the battery value chain.

Training may be accredited or non-accredited, and delivered in person, hybrid or online.

If you're applying with a non-accredited or in-house training package, you'll answer a slightly different set of questions, including why the proposed training should be supported under the program.

Questions or need help starting? Contact grants@poweringaustralia.com.au.

After you submit your Training Grant application form, a Powering Australia representative will contact you to assess your eligibility and clarify your training needs.

Company name

Privacy statement

PRIVACY STATEMENT

Powering Australia and the Battery Workforce Skills and Training program will handle all personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles (APPs). Personal data provided in applications will be used only for the purposes of assessing eligibility, managing the grant or subsidy, and reporting program outcomes to the Commonwealth.

Information may be disclosed to assessment panel members, auditors, probity advisors and relevant government agencies. Applicants have the right to access and request correction of their personal information. By submitting an application, Applicants consent to this use and disclosure.

Privacy statement

I accept the privacy statement

☐ I accept

☐ I don't accept

Your given name 5 words

Please enter your given or first name.

Your family name 5 words

Please enter your family name or surname.

Your job title 10 words

Please enter your current job title

Your mobile phone

Enter only numbers

Your work email address

Please enter your work email address

Is your choice of training Nationally Accredited battery training?

☐ Yes

☐ No

If it is not, you'll be asked a slightly different set of questions but the assessment remains consistent across both applications.

Course/training name

What the preferred provider calls the training program

Number of people proposed to be trained (1 - 10)

- Confirm the number of participants who will attend the proposed training.
- Provide a backup plan by identifying alternates in case any of the intended participants become unavailable.
- The more participants, the more favorable your application will be viewed.

Course fees per participant (as per quotation)

Estimate total course fees (per person) before any Grant excluding ancillary business costs such as travel, accommodation, time release, etc.

- Applications will assessed for:
- **cost effectiveness per person**
 - financial leverage
 - efficacy to advance industry and advance safe battery handling
 - likelihood of Participants completing in the agreed time.
- Part of the **Value for Money** 20% assessment weighting -

Grant amount sought

Insert the total amount of Grant funding sought.
Maximum grant offered is 50% of course fees and materials costs.
A smaller grant request may benefit your application by creating greater value for money from the Program's investment in the training.

- Part of the **Value for Money** 20% assessment weighting -

Signatory to the Grant Agreement (Contract) 5 words

Intention is to gain Director level support and signature for contract execution.

Start date

Estimated start of training period

End date

Estimated end of training period

- Training delivery setting:
- ☐ Confidential, in-house setting
 - ☐ Collaborative partner site
 - ☐ TAFE/existing training provide site
 - ☐ Other (please describe):

The training setting gives us a better understanding of the potential to impact the pipeline of workers.

Describe the training setting from above if required. (optional) 50 words

If none of the above categories accurately describe your **training setting** (whether it is **hybrid, VR-based**, or another format) please provide a brief description here. (max. 50 words)

Quotation from approved Registered Training Organisation or Proposed Training Organisation showing course and materials fees



Ensure RTO includes their RTO Code, title of training program and expected dates for delivery.

For applicants seeking to secure further courses (optional)



Quotation from approved Registered Training Organisation or Proposed Training Organisation showing course and materials fees.

Describe the benefits that will accrue to your business from the proposed training. This information will not be made public. 200 words

You could comment on existing skills gaps, new product or service developments, staff changes and developments, new technologies' impacts, etc. (50 - 200 words)

- Part of the **Business growth opportunity** 20% assessment weighting -

How will training outcomes, feedback and/or the course be rated? 50 words

Data collection requirements include a need to assess the impact and quality of training outcomes

Attach Risk Assessment



Highly rated applications will have appropriately identified risks and implemented strategies to mitigate risk relating to the training and its consequential application.

- **Risk treatment** has been given a 10% assessment weighting -

Company name

Please enter the company name as per your ABN record

Business ABN

Please enter the ABN without spaces

Business address (operational site)

Please identify the site where most of the workers to be trained are normally based.

Business phone

Enter only numbers

Business main website

Website address only

How many employees does the business have in Australia?

- ☐ Small: 1 to 19 employees
- ☐ Medium: 20 to 199 employees
- ☐ Large: 200 or more employees

We use this information to assess whether your business is considered a Small or Medium sized Enterprise

Battery-related activity

- ☐ Mining and mineral processing
- ☐ Refining/P-CAM/anodes/collectors
- ☐ Component and cell assembly
- ☐ EV and BESS pack assembly and manufacturing
- ☐ BESS installation and maintenance
- ☐ EV servicing and support
- ☐ Dismantling and recycling

Identify the parts of the battery value chain in which your business operates (choose all that apply)

Please summarise your battery-related business activity

100 words

Please summarise your business activity and describe how it relates to the safe and sustainable design, manufacturing or handling of chemical batteries and/or the reduction of battery-related safety incidents. (20 - 100 words)

Participants first name

Please enter this participant's given/first name.

Participant's family name

What is this participant's family name or surname.

Age bracket

18-29

30-39

40-49

50-59

60+

Age range participant fits in - demographics aggregated/anonymised and reported to the Commonwealth Government.

What is the participant's current occupation

Role title or short description - demographics aggregated/anonymised and reported to the Commonwealth Government.

What is this participant's highest level of education

▼

Senior Secondary Certificate of Education

Certificate I to IV

Diploma

Advanced Diploma / Associate Degree

Bachelor Degree

Bachelor Honours Degree / Graduate Certificate / Graduate Diploma

Master Degree

Doctoral Degree (PhD)

Please identify the highest level of education from the Australian Qualifications Framework list:

Level 1 – Certificate I

Level 2 – Certificate II

Level 3 – Certificate III

Level 4 – Certificate IV

Level 5 – Diploma

Level 6 – Advanced Diploma / Associate Degree

Level 7 – Bachelor Degree

Level 8 – Bachelor Honours Degree / Grad. Cert. / Grad. Dip.

Level 9 – Master Degree

Level 10 – Doctoral Degree (PhD)

What is the postcode for this participant's normal place of residence?

Demographics aggregated/anonymised and reported solely to the Commonwealth Government

☐ Does this participant identify as Female? (optional)

- Part of the Participation by Priority Cohorts 10% assessment weighting -

☐ Does this participant identify as a First Nations person? (optional)

- Part of the Participation by Priority Cohorts 10% assessment weighting -

☐ Is this participant currently working in a fossil-fuel related role? (optional)

- Part of the Participation by Priority Cohorts 10% assessment weighting -

First name

What is this participant's first name.

Participant's family name

What is this participant's family name or surname.

Age

18-29

30-39

40-49

50-59

60+

Age range participant fits in - demographics aggregated/anonymised and reported to the Commonwealth Government.

What is the participant's current occupation

Please describe in succinct terms their current occupation

What is this participant’s highest level of education

Senior Secondary Certificate of Education

Certificate I to IV

Diploma

Advanced Diploma / Associate Degree

Bachelor Degree

Bachelor Honours Degree / Graduate Certificate / Graduate Diploma

Please identify the highest level of education from the Australian Qualifications Framework list.

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