# Agency application form for 2024

**Before completing this form, please ensure your agency is prepared to:**

* support a trainee, from February 2024, either:
* full time (at 75 hours per fortnight) for 12 months; or
* part time (at a minimum of 40 hours per fortnight) for 18 months
* meet all costs above the trainee’s base salary
* ensure the trainee is provided with meaningful work to support the completion of a Certificate III in Government
* provide all required resources on commencement
* undertake day to day management of trainee performance and conduct
* approve timesheets and leave forms in a reasonable time frame
* advise the Public Sector Commission of anything that may impact the placement.

## Details

|  |  |  |  |
| --- | --- | --- | --- |
| Agency contact | | | |
| Agency name |  | | |
| Contact name |  | | |
| Position title |  | | |
| Address |  | | |
| Telephone |  | **Email** |  |
| Signature |  | **Date** |  |
| Has your agency previously hosted/supervised a trainee through this program? | Yes  No  If *No,* what support does your agency have in place for the trainee?    If *Yes,* has your agency retained trainees? | | |
| Is your agency able to offer ongoing job opportunities for a trainee once they complete the traineeship? | Yes  No  Yet to be determined  If *No or Yet to be determined,* what prevents your agency from offering ongoing opportunities?  Budget constraints  Limited entry level opportunities  Other:  *It is desirable for agencies to offer ongoing opportunities.* | | |

## Locations

Name the location/s where trainee/s will undertake duties.

If you will have multiple supervisors, include their names and direct contact details against each location.

**Supervisors are required to attend 3 day training at no cost to the agency**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location 1: |  | | | |
| Number of trainees | 1  2  3+ | | | |
| Address |  | | | |
| Proposed supervisor |  | | | |
| Mentor/Buddy  (if possible) |  | | | |
| Position title and division |  | | | |
| Email |  | Telephone |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location 2: |  | | | |
| Number of trainees | 1  2  3+ | | | |
| Address |  | | | |
| Proposed supervisor |  | | | |
| Mentor/Buddy  (if possible) |  | | | |
| Position title and division |  | | | |
| Email |  | Telephone |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Location 3: | |  | | | |
| Number of trainees | | 1  2  3+ | | | |
| Address | |  | | | |
| Proposed supervisor | |  | | | |
| Mentor/Buddy  (if possible) | |  | | | |
| Position title and division | |  | | | |
| Email |  | | Telephone |  |  |

**Add more locations as required.**

|  |  |
| --- | --- |
| Chief Human Resource Officer | |
| Name |  |
| Position title |  |
| Email |  |
| Does your agency require any of the following checks to be in place before the trainee starts?  (Agencies are asked to provide internal screening documents) | Working with Children Check  National Police Clearance  Health Clearance  Other:  *The Commission is only responsible for sourcing a National Police Clearance on behalf of successful applicants.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Statement of commitment – Chief Executive Officer** | | | | |
|  | I endorse this application to participate in the Solid Futures Aboriginal Traineeship Program. | | | |
| Name | |  | | |
| Signature | |  | Date |  |

**Email application to** [**solidfutures@psc.wa.gov.au**](mailto:solidfutures@psc.wa.gov.au) **by   
2 October 2023.**