



**Incentives to Retain and Retrain Existing Workers under the
Insulation Workers' Adjustment Fund**

APPLICATION FORM

Funding under this program is subject to eligibility criteria. Applicants are encouraged to read the guidelines before completing the application form. If you are not sure if you are eligible, please contact your Insulation Employment Coordinator.

Please note that when the Department of Education, Employment and Workplace Relations (DEEWR) considers the application for funding and the information detailed in this application may be shared with relevant Commonwealth, State and/or local government agencies, organisations and individuals, including those identified in the application: in the delivery of services in connection with the Insulation Workers Assistance Package, Home Insulation Program, Industry Assistance Package, Home Insulation Safety Plan, Industry Assistance package; to substantiate any claims or statements that are made; to verify the capacity of the application organisation to manage Australian Government funds; and for general comment on the viability of the application. In other instances the information collected can be disclosed without your consent where authorised or required by law.

If the applicant considers that certain information in the application should be treated by DEEWR as confidential, the applicant organisation must clearly indicate that information and provide reasons for the request. DEEWR reserves the right to accept or refuse a request to treat information as confidential.

Privacy:

DEEWR, its contractors and agents are bound by the provisions of the *Privacy Act (1988)* (Cth) which prevents personal information about individuals from being used or disclosed without their knowledge or consent. Personal information collected in this form will be used to assess your application for funding under the Insulation Workers' Adjustment Package. In other instances the information collected can be disclosed without your consent where authorised or required by law.

By submitting this application form you authorise DEEWR to undertake certain checks which involve the disclosing of personal information about individuals to other agencies and organisations. You also warrant that your contact person detailed at item 8, the person/s listed at items 18, 27 and 36, and persons listed in any attachments have given their permission to disclose their personal information to DEEWR for the purposes of assessing your application for funding under the Insulation Workers' Adjustment Package and authorise DEEWR to obtain additional information for these purposes from the following sources:

- DEEWR databases
- Law enforcement agencies
- State or Territory agencies
- Credit reference agencies
- Courts or Tribunals
- Other Commonwealth agencies such as the Australian Taxation Office and the Australian Securities and Investments Commission
- Any other appropriate organisation or person.

Requests for access to information contained in this application will generally be dealt with under the provisions of the *Freedom of Information Act 1982*.

The Australian Government will publish the names of successful applicants and information about the funding provided.

Please fill out this application as fully as possible. The information requested here is necessary to assess the application. Missing or unclear information may make the applicant organisation ineligible for funding or delay the assessment of the application while clarification is sought.

Applications not submitted in this format may not be considered by DEEWR. Applications that do not comply with the requirements set out in the guidelines may be rejected.

Completed applications should be forwarded to your local Insulation Employment Coordinator.

Insulation Employment Coordinators are available to assist you to complete this form. You must lodge your completed form with an Insulation Employment Coordinator.

All applications must be received and processed by the Insulation Employment Coordinator by 4.30pm (AEST), 31 August 2010.

Contact details of Insulation Employment Coordinators are available at www.keepaustraliaworking.gov.au



Applicant Details

If you have previously applied for assistance under the Insulation Workers Adjustment Package (Small Business Assistance), please ask your Insulation Employment Coordinator to note your IWAP number here and proceed to Question 26.

IWAP: _____

<p>1. What is the legal name of your business? For a sole trader this is the 'entity' registered (see ABN site) and is the trader's full name. For a partnership, this is the name in the partnership agreement or the full names of all the partners. For an incorporated association, company/corporation, or other body corporate, the name created by, or registered under, statute (eg for a company created pursuant to the <i>Corporations Act 2001</i>, it is the name registered with the Australian Securities and Investment Commission). For a trust, this is the name listed in the Deed of Trust. If the business is a trust, then the Trust Deed (including all amendments) must be provided to the Department prior to execution of the funding deed. <u>Please note that Sole traders, partnerships and trustees MUST complete the 'Consent to use personal information'.</u></p>	
<p>2. What is the registered business or trading name of your business if different to the legal name?</p>	
<p>3. If you have more than one trading name, list ALL other trading names. Businesses may have more than one trading name for business purposes. All trading names may be registered as Registered Business names</p>	
<p>4. What are the registered business address details? Business address or Company's registered business address (not PO Box)</p>	
Street Address	
Suburb/Town/City	
State	
Postcode	
<p>5. What is the postal address of the business? Only if different from registered business address</p>	
Street Address	
Suburb/Town/City	
State	
Postcode	
<p>6. Is your organisation registered with an Australian Company Number (ACN), an Australian Business Number (ABN), Australian Registered Business Number (ARBN), or Dun and Bradstreet Number (DUNS)? Please ensure that the ABN number, and the legal name and the trading name of the applicant are the same as that listed on ABN Lookup (www.abr.business.gov.au)</p>	
<p>No <input type="checkbox"/></p>	
<p>Yes <input type="checkbox"/> please provide details:</p>	
<p>ACN ____-____-____ ABN ____-____-____-____ ARBN ____-____-____ DUNS ____-____-____</p>	



7. Is your organisation GST registered? NOTE: It is up to your organisation to ensure that it is compliant with its GST obligations.

Yes

No

8. Who would you like as the contact person for this application? Please provide a contact person who would be available and have the authority to answer any queries the Australian Government may have about this application. Any correspondence will be sent to the contact listed here. This person should be able to sign a funding agreement on behalf of the business.

Title: _____ First Name: _____

Surname: _____

Position: _____

Telephone Number: _____

Mobile: _____

Fax Number: _____

Email: _____

9. What bank account would you like used for payments if your application is successful?

BSB Number: _____

Account Number: _____

Account Name: _____

Bank Name: _____

Bank Branch: _____

10. Insurance details Provide all relevant information relating to your business insurance in the table below.

Type Of Cover	Amount	Policy Number	Company	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)
Public Liability					
Personal Accident					
Workers' Compensation					
Professional Indemnity or errors and omissions					
Motor vehicle					
Other					



Insulation Installing businesses (if your organisation is not an insulation installation business, proceed to Question 14)

<p>11. Were you registered installer under the Home Insulation Program? Please ensure that the ABN number, the legal name and the trading name of the applicant are the same as that registered for the Home Insulation Program. Please attach a copy of the email from Medicare verifying your eligibility (where available).</p>	
Yes	<input type="checkbox"/> HIP Registration Number: _____
No	<input type="checkbox"/> Subcontractors go to question 14
<p>12. Did some or all of the employees or subcontractors of the installer business meet the requirements under the Home Insulation Program that came into effect on 12 February 2010?</p>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/> [not eligible]
<p>Details [attach additional pages or information if needed]:</p>	
<p>13. Do you have outstanding serious compliance matters under the Home Insulation Program?</p>	
Yes	<input type="checkbox"/> [not eligible]
No	<input type="checkbox"/>
<p>Details [attach additional pages or information if needed]:</p>	

Insulation Installing subcontractors (if your organisation is not an insulation installation subcontractor, proceed to Question 19)

<p>14. Was the business you subcontracted for a registered installer under the Home Insulation Program? Please ensure that the ABN number, the legal name and the trading name of the business for which you subcontracted are the same as that registered for the Home Insulation Program. Please attach a copy of the email from Medicare verifying the eligibility of the business for which you were subcontracted (where available).</p>	
Yes	<input type="checkbox"/> Name of the business you subcontracted for: _____ ABN of the business you subcontracted for: _____ HIP Registration Number of the business you subcontracted for: _____
No	<input type="checkbox"/> [not eligible]
<p>15. How long were you working with the registered installer under the Home Insulation Program? On average, how many hours a week were you working for them? Note: sub-contractors will only be eligible for assistance where it can be demonstrated you have a long-term, consistent pattern of work with the business for which you were subcontracted. You should provide invoices to support your claims.</p>	
<p>_____</p>	
<p>16. As a subcontractor, did some or all of the employees of your business (including yourself) meet the requirements under the Home Insulation Program that came into effect on 12 February 2010?</p>	
Yes	<input type="checkbox"/> Please attach evidence or provide a short explanation.
No	<input type="checkbox"/> [not eligible]
<p>Details [attach additional pages or information if needed]:</p>	



17. Do you or the business for which you were subcontracted have outstanding serious compliance matters under the Home Insulation Program?

Yes [not eligible]
 No
 Details [attach additional pages or information if needed]:

18. Please provide the contact details of the business for which you were subcontracted. Note: DEEWR may contact the business identified below to verify your claims in this application.

Title: _____ First Name: _____
 Surname: _____
 Position: _____
 Telephone Number: _____
 Mobile: _____
 Fax Number: _____
 Email: _____

Insulation manufacture and assembly businesses (do not answer this question if applicant organisation is an insulation installing business or subcontractor)

19. Do the insulation products manufactured or assembled by your business meet the insulation product standard – AS/NZ4859.1:2002 (incorporating Amendment 1, Dec 2006) ‘Materials for the Thermal Insulation of Buildings’?

Yes [If available, please provide evidence of testing of product or other supporting material]
 No [not eligible]
 Details [attach additional pages or information if needed]:



Program requirements for ALL businesses

20. Are all employees for whom you wish to claim the incentive payment Australian citizens or permanent residents?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/> [Not eligible. Workers must be Australian citizens or permanent residents to be eligible for the incentive.]
21. Do you have a commitment to retain employees and/or retrain them to support your business to diversify?	
Yes	<input type="checkbox"/> How do expect to do this? Provide details below.
No	<input type="checkbox"/> [not eligible]
22. Does your business comply with relevant legal obligations of any Commonwealth, state, territory or local authority, including relevant occupational, health and safety and industrial relations legislation?	
Yes	<input type="checkbox"/> Statutory declaration must be completed by an authorised person and attached.
No	<input type="checkbox"/> [not eligible]
23. How has the cessation of the Home Insulation Program affected your business in the short to medium term? Your answer should include a breakdown of the impact including the number of employees (full time, part time, casual) and subcontractors and an estimate of the proportion (percentage) of your business lost as a consequence of the cessation of the Home Insulation Program as at 19 February 2010.	
Details [attach additional pages or information if needed]:	
24. How many employees will you retain with the assistance of this package?	
Details [attach additional pages or information if needed]:	
25. How long has your business been working in the insulation industry? Is/was this your core business (if no, please indicate what was your core business)? What area will you now diversify into (if any)?	
Details [attach additional pages or information if needed]:	



26. Number of employees requiring assistance

Employment type	The total number employees as at 19 February 2010 (if applicable, include those not related to the Home Insulation Program)	The number of employees delivering the Home Insulation Program as at 19 February 2010 (including staff such as call centre operators and administration if related to the program)	Number of employees delivering the Home Insulation Program that have not changed hours since cancellation of HIP	Number of employees delivering the Home Insulation Program that will remain employed but on less hours	Number of employees delivering the Home Insulation Program to be retrenched (also called laid off, sacked and redundant)
Fulltime					
Part time					
Casual					
Trainees					
Subcontractors					
Apprentices					
TOTAL					

[NOTE: Please complete for all employment types.]



27. DETAILS OF EMPLOYEE FOR WHICH YOU ARE CLAIMING THE INCENTIVE Please copy this page and complete for each employee that you wish to claim the incentive payment for.

Name of Employee [Note: Workers must be Australian citizens or permanent residents to be eligible for the incentive.]	
Employment Status (tick one)	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time: Hours per week _____ <input type="checkbox"/> Casual <input type="checkbox"/> Trainee/apprentice (only where the employer and/or trainee/apprentice is not receiving another government incentive payment)	
CASUALS ONLY: How long were they working with the business? On average, how many hours a week were they working for them? Note: casuals will only be eligible for assistance where it can be demonstrated you have a long-term, consistent pattern of work with the business.	
Number of days employed per week as at 19 February 2010	Number of days per week retained in employment
Details of other training related costs if applicable * You must include an itemised list of items which includes the cost of the item. Where possible, please attach a quote or other information to support the item (eg course requirements document)	
Total number of days or hours of training to be undertaken	

Course and level	Delivery mode	Training days	RTO	PPP-SAP? y/n	NON PPP-SAP Training costs (Please attach quote)

Cost of incentive: \$ _____ (A)
 Cost of training (if non PPP-SAP) \$ _____ (B)
 Amount of other training related costs if applicable \$ _____ (C)
 Sub-total \$ _____ (D) [Equals (A)+(B)+(C)]

* The \$1,000 per worker for training modules, non-training related expenses and ancillary costs can be used for items such as (subject to agreement with your Insulation Employment Coordinator):

- employment-related training provided by an RTO and associated books and equipment (including computers, software and internet fees);
- literacy, language or numeracy assistance where places in other government programs are unavailable;
- licences and the cost of lessons;
- police checks (where the employer is diversifying into a new business area); and
- short-term child care assistance (where other government assistance is not available).

Travel Assistance, including accommodation, may be approved where the business is located in an area that does not have access to appropriate training.



28. Total of incentives Add item (A) for each employee	29. Total of non PPP-SAP training cost Add item (B) for each employee	30. Total of other costs (G) Add item (C) for each employee	31. GRAND TOTAL (H) Add item (D) for each employee
\$	\$	\$	\$

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Payment Schedule

Payment at 4 weeks _____ date of payment _____

Payment at 12 weeks _____ date of payment _____

Payment at 16 weeks _____ date of payment _____

TOTAL PAYMENTS: _____

32. Is there any information you have provided or attached to the application that you wish to be considered confidential? [NOTE: This is voluntary and may include evidence of revenue or other business information. The Australian Government reserves the right to accept or refuse a request to treat information as confidential. Attach additional pages or information if needed.]

Brief Description of Item	Location of item (page/attachment number)	Reason as to why it should be considered confidential

33. Application Checklist

YES	NO	Item
		ABN number, and the legal name and the trading name of the applicant are the same as that listed on ABN Lookup (www.abr.business.gov.au)
		Guidelines have been read and understood
		All parts of the application have been completed
		Where possible ,quotes and details for training have been attached if the applicant is seeking a training plan that includes non PPP-SAP training modules, non training related expenses and ancillary costs
		Application has been signed by a person legally authorised to make this declaration on behalf of the organisation
		Statutory Declaration has been signed by a person legally authorised to make this declaration on behalf of the organisation
		Additional information has been attached if the Statutory Declaration has been amended
		Conflict of interest form has been completed
		Confidential information has been identified if necessary
		Consent to use personal information from sole traders, partnerships and trusts has been completed if applicable
		Copy of trust deed attached (see note under Consent to use personal information from sole traders, partnerships and trusts)



35. Legal Authorisation and Declaration - declaration of Conflict of Interest to be completed by the Business

You should complete ONE box only (i.e. there are no conflicts of interest, or you have conflicts to declare). The other box should have a line clearly drawn through it or be deleted.

Complete either:

I confirm that at the time of signing, to the best of my knowledge I am unaware of any conflict of interest that would prevent my organisation from proceeding with this application or from receiving any funding from the Australian Government.

I undertake that if at any time my organisation has an actual, apparent or potential conflict of interest, then my organisation will:

- (a) disclose that interest promptly to the Department); and
- (b) take action necessary to avoid the conflict as directed by the Department.

OR

I disclose the following interests:

.....

.....

.....

.....

I undertake that if at any time I have any further actual, apparent or potential conflict of interest, then my organisation will:

- (a) disclose that interest promptly to the Department; and
- (b) take action necessary to avoid the conflict as directed by the Department.

Signed:

Full name (please print)

Date / /

Witnessed by:

Full name and occupation of witness:

Date / /



36. Consent to use personal information from sole traders, partnerships and trusts[†]

NOTE: This must be completed by the sole trader, each partner or each trustee for your application to be considered.

Full Name of applicant I, _____
 Residential address (cannot be of _____
 a PO Box or business address) _____
 Date of Birth born _____
 Licence Number _____

hereby authorise DEEWR to undertake the necessary steps to assess the application from my organisation under the Insulation Workers’ Adjustment Package by checking the information provided on this form and by obtaining additional information from the databases or agencies mentioned below:

- DEEWR databases
- Law enforcement agencies
- State or Territory agencies
- Credit reference agencies
- Courts or Tribunals
- Other Commonwealth agencies such as the Australian Taxation Office and the Australian Securities and Investments Commission
- Any other appropriate organisation or person as reasonably required as part of these checks.

I warrant that the information provided in this ‘Consent to use personal information Form’ is true and correct.

Signed: _____
 Full name (please print) _____
 Date / /

Witnessed by: _____
 Full name and occupation of witness: _____
 Date / /

Where your organisation is a partnership or trust, please have each partner/trustee sign a separate Consent form. The making of a false or misleading statement in an application, is an offence under Division 136 of the Schedule to the Criminal Code Act 1995.

[†] To reduce the risk of delays in preparing a funding agreement, you may wish to attach your Trust Deed (including all amendments) to the application; however, it is not a requirement of applying that you provide it. A copy is only needed if your application is successful. The Trust Deed (including all amendments) must be provided to the Department prior to execution of the funding deed. When providing a Trust Deed, please:

- provide a copy of the whole executed Trust Deed, along with any amendments to the deed; and
- certify the trust deed with a statement that “All changes to this Trust Deed, subsequent to its commencement, have been provided to DEEWR with this copy of the Trust Deed”.



NOTE: The Statutory Declaration must be completed in order for the application to be considered.

**Commonwealth of Australia
STATUTORY DECLARATION
Statutory Declarations Act 1959**

1 Insert the name, address and occupation of person making the declaration

I, ¹ _____

2 Set out matter declared to in numbered paragraphs

make the following declaration under the *Statutory Declarations Act 1959*:

1. I am a person who is responsible for the ensuring that _____ <Name of Business> (referred to hereafter as 'the Business') complies with its legal obligations of any Commonwealth, state, territory or local authority, including relevant occupational, health and safety and industrial relations legislation.
2. I, having undertaken all reasonable enquiries, am satisfied that that the Business has complied with its legal obligations of any Commonwealth, state, territory or local authority, including relevant occupational, health and safety and industrial relations legislation.
3. The business does not have any judicial decisions against it relating to employee entitlements where the claim has not been paid, and having made all reasonable enquiries, as at the date of this Declaration, I know of no current unsettled judicial decisions against the business in respect of unpaid employee entitlements (not including decisions under appeal).
4. The business is not currently named as not complying with the *Equal Opportunity for Women in the Workplace Act 1999* (Cth)
5. The Business is not under investigation and is not otherwise a party to any outstanding matters before a relevant Court or Tribunal relating to its legislative obligations under any Commonwealth, State, Territory or local authority industrial relations or occupational health and safety legislation.
6. In the past 5 years, no person with a direct or indirect interest in the Business with the potential to exert influence over the management or operation of the Business has been subject to:
 - a. Government investigation
 - b. Business failure, including business failure in which they hold (or held at the time of the failure) a management or board position
 - c. Bankruptcy
 - d. Bankruptcy proceeding, including part IX Debt Agreements or Part X insolvency Agreements
 - e. Litigation, including judgement debts.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

3 Signature of person making the declaration

³ _____

4 Place
5 Day
6 Month and year

Declared at ⁴ _____ on ⁵ _____ of ⁶ 2010

7 Signature of person before whom the declaration is made (see over)

Before me, ⁷ _____

8 Full name, qualification and address of person before whom the declaration is made (in printed letters)

⁸ _____

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.
Note 2 Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.



A statutory declaration under the *Statutory Declarations Act 1959* may be made before—

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

- | | | |
|----------------------|----------------------|--------------------|
| Chiropractor | Dentist | Legal practitioner |
| Medical practitioner | Nurse | Optometrist |
| Patent attorney | Pharmacist | Physiotherapist |
| Psychologist | Trade marks attorney | Veterinary surgeon |

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or

(3) a person who is in the following list:

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
- Bailiff
- Bank officer with 5 or more continuous years of service
- Building society officer with 5 or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 5 or more years of continuous service
- Employee of the Australian Trade Commission who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
 - (c) exercising his or her function in that place
- Employee of the Commonwealth who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
 - (c) exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with 5 or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force who is:

- (a) an officer; or
- (b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
- (c) a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
 - (a) the Parliament of the Commonwealth; or
 - (b) the Parliament of a State; or
 - (c) a Territory legislature; or
 - (d) a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
- Notary public
- Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - (a) the Commonwealth or a Commonwealth authority; or
 - (b) a State or Territory or a State or Territory authority; or
 - (c) a local government authority; or
 - with 5 or more years of continuous service who is not specified in another item in this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - (a) the Commonwealth or a Commonwealth authority; or
 - (b) a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution



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Recommendation of Insulation Employment Coordinator/Local Employment Coordinator

I, _____ <full name >

as **Insulation Employment Coordinator / Local Employment Coordinator** *<delete as applicable >*

confirm that:

- o I consider the applicant meets the requirements for funding under the Insulation Workers' Adjustment Package Guidelines.
- o I recommend / do not recommend *<delete as applicable >* the application for funding under the Insulation Workers' Adjustment Package.

Reasons for recommending/not recommending:

Where the application includes a training plan for agreement that may include training modules, non training related expenses and ancillary costs, the IEC must provide details of how:

- the expenditure meets the objectives of the Insulation Workers' Adjustment Program;
- the training is of substantial nature and leads to significant upskilling;
- the cost of training per worker, including ancillary costs, are reasonable, compared with the cost of a training place under the Productivity Places Program.

Signed: _____

Date / /

Contact details of Local Employment Coordinators/Insulation Employment Coordinators

Title: _____	First Name: _____	Surname: _____
Telephone Number: _____	Mobile: _____	
Fax Number: _____	Email: _____	