*All fields must be completed and sufficiently detail the need for training, and it must be signed by you.*

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| **Application ID** | [BASW-EW-ST06214](https://skills.smartygrants.com.au/applicant)  |
|  | **Employer Information** |
| **Employer/business name** |  |
| **Total number of full-time equivalent (FTE) employees** |  |
| **Employer contact name and job title**  |  |
| **Employer contact (phone/email)** |  |
|  | **RTO and training product information** |
| **RTO code and name** | Kreate Pty Ltd T/as RuralBiz Training RTO90782 |
| **Requested training** | **Qualification or skill set name** | **Number of employees to undertake training** |
|  | **AHC40116 Certificate IV in Agriculture** |  |
|  | **AHC41019 Certificate IV in Agribusiness** |  |
|  | **AHC50116 Diploma of Agriculture** |  |
|  | **AHC51422 Diploma of Agribusiness Management** |  |
|  | **AHC60319 Advanced Diploma of Agribusiness Management**  |  |
|  | **Healthy Soils Skillset**  |  |
|  | **Livestock Management Skillset** |  |
|  | **Farm Record Keeping Skillset** |  |
|  | **Farm Business Management Skillset** |  |

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| 1. Why does your business need this training? (This may include improved product or process quality, increased efficiencies, business growth, expansion or sustainability or other reasons.)
2. How will the training improve employment opportunities for the learners?
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| By **signing** this form:* I **CONFIRM** that the proposed training reflects the needs of my employees and business.
* I **ACKNOWLEDGE** that the information I provide in this document supports the content of the application only and may not result in subsidised training places being made available to your business.
* I **AGREE** to participate in post-program evaluation.
 |
| **Signature**  |  |
| **Date** |  |