# Solid Futures agency application form 2025

**In completing this form you confirm your agency will:**

* second a trainee from February 2025, either:
* full time (at 75 hours per fortnight) for 12 months
* part time (at a minimum of 40 hours per fortnight) for 18 months
  + provide culturally sensitive supervision, managing the performance and conduct of the trainee under your agency’s policies and procedures including:
* providing all required resources on commencement
* ensuring the trainee is provided with meaningful work to support the completion of a Certificate III in Government
* approving the trainee’s timesheets and leave forms
* meeting all costs above the trainee’s base salary
  + advise the Commission at the earliest opportunity of anything that may impact the trainee’s ability to complete the traineeship
  + seek to cancel the secondment arrangement only for:
* a breach of discipline
* substandard performance (failure to meet the requirements of the traineeship)
  + acknowledge that cancelling the secondment will result in the termination of the traineeship and employment of the trainee
  + support supervisors to build their cultural capability and attend Commission information sessions.

**The Commission will:**

* + deliver information sessions for supervisors
  + provide advice and support to supervisors regarding trainee attendance, completion of the qualification and trainee cultural obligations
  + provide advice and support to trainees regarding culturally sensitive issues
  + pay the trainee salary through a quarterly recoup arrangement.

|  |  |  |  |
| --- | --- | --- | --- |
| 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 in ongoing employment? | | |
| 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.* | | |

Incomplete applications will still be considered, however having all details provided will assist in the allocation process of trainee/s to your agency.

**Location**

Name the location/s where trainee/s will undertake duties. Add more locations as required.

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

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

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

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

Please note that all potential supervisors will be asked to complete a supervisor questionnaire before a suitable secondment arrangement can be confirmed.

|  |  |
| --- | --- |
| Chief Human Resource Officer | |
| Name |  |
| Email |  |
| Nominated contact responsible for the onboarding of the trainee |  |
| Does your agency require any of the following checks to be in place before the trainee starts? | Working with Children Check  National Police Clearance  Health Clearance  Other:  *The agency is responsible for liaising with the trainee to complete all internal agency screenings and checks as listed above.* |
| Signature |  |
| Chief Financial Officer | |
| Name |  |
| Email |  |
| Nominated contact responsible for the salary recoup arrangements |  |
| Signature |  |
| Statement of commitment – Chief Executive Officer | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I endorse this application to participate in the Solid Futures Aboriginal Traineeship Program. | | | |
| **Name** | |  | | |
| **Signature** | |  | **Date** |  |

Email this application to [solidfutures@psc.wa.gov.au](mailto:aboriginalemployment@psc.wa.gov.au) by   
4November 2024.