# Employer-led Workplace Literacy and Numeracy Fund Consortium Employer Participants Form

Every Consortium Employer Participant needs to complete this form. The Lead Employer should attach the forms for every Consortium Employer Participant to their application. Only employers with a Consortium Employer Participant form accepted by us are eligible to participate in the consortium.

## Employer details

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| Name of organisation: |  |
| Organisation’s postal address: |  |
| Chief Executive/General Manager who is responsible for this programme: |  |
| Contact person/s:  *This person/s must have a good understanding of the proposed programme. We must able to be contact this person for at least 8 weeks from the application’s submission date.* |  |
| Contact person/s physical workplace address: |  |
| Contact person/s role or position within the organisation: |  |
| Phones: |  |
| Mobiles: |  |
| Email: |  |
| Legal Status  *Describe your legal status and provide a relevant company, charity, or incorporated society number, or comparable information. Provide a copy of your company’s registration certificate, charity’s summary, or incorporated society summary or comparable information.* |  |

## 2. Organisation Information and Productivity Improvement Opportunity

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| --- | --- | --- | --- | --- | --- |
| 1) State the industry area(s) your organisation operates in (for example, retail, manufacturing, construction). | | | | | |
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| 2) List your organisation’s main activities (for example customer service, food processing, and building). | | | | | |
|  | | | | | |
| 3) Briefly describe your organisation’s structure (for example, single site, multi-site, franchise) and main locations. | | | | | |
|  | | | | | |
| 4) State below the estimated number of ALL employees in your organisation and the number of employees within each ethnic group. | | | | | |
| Total number of employees in the organisation | New Zealand Māori | Pasifika | New Zealand European | Asian | Other |
|  |  |  |  |  |  |
| 5) List any industry training organisations (ITOs) or other Tertiary Education Organisations (TEOs) you currently work with, and briefly describe the nature of the relationship. | | | | | |
|  | | | | | |
| 7) If you are an applicant (or a subsidiary of an applicant) who has previously received funding through the employer strand or the TEO-led strand of the Fund, please provide an explanation of previous results and why you are applying again. | | | | | |
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## 3. Declaration and authorisation

**This section must be signed by your organisation’s Chief Executive/General Manager or a designated authority on their behalf.**

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| * I agree that there is senior management commitment to the proposed programme. * I agree that the focus of this proposed programme is solely on employees with low literacy and/or numeracy skills. * I agree that the Assessment Tool will be used for all employees targeted for this proposed programme. * I agree that support through this Fund will only be used for eligible employees. * I confirm that our organisation is not currently using workplace literacy and numeracy services from a Tertiary Education Organisation that is funded through a different strand of the Workplace Literacy and Numeracy Fund.   I declare that to the best of my knowledge the information given in this application is true and correct.  Signature: Date:  Name:  Title: |

## Our assessment criteria

* Has the application been signed by a senior staff member of the employer (and not any third party partner)?

