

2026 VET Completions Grants Application Form

Form Preview

Introduction

Dear applicant,

Welcome to the Skills Canberra online grant application service. Before commencing an application, please ensure you have read the ACT Vocational Education Training (VET) Completions Grants 2026 Program Guidelines which are available here: [ACT VET Completion grants program - Skills](#).

If you have any questions about the program, please email Skills Canberra's Grants and Projects team skills.projects@act.gov.au or call (02) 6205 4006 to talk with a member of the Grants and Projects team.

If you are having technical difficulties with the online application form, please contact the Business Services Team on (02) 6207 1080 or email EconomicDevelopmentGrants@act.gov.au.

Project summary

* indicates a required field

Name of applicant organisation *

Organisation Name

Project title *

Short project description *

Word count:

Must be no more than 350 words.

Provide a concise overview of the proposed project, including: the key activities and supports to be delivered, partnerships involved, and intended outcomes relating to VET completion and employment. Should your application be successful, this description may be published on Skills Canberra's website

Project duration - when will your project be complete? *

Projects will commence from August 2026 and must be completed by December 2027.

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Applicant organisation details

* indicates a required field

Head of organisation *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone number for head of organisation *

Must be an Australian phone number.
eg. 02 6207 0000 or 0410 000 000

Email address for head of organisation *

Must be an email address.

Project contact person *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone number for project contact *

Must be an Australian phone number.

Email address for project contact *

Must be an email address.

Provide your organisation's Australian Business Number (ABN) *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information

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ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

Organisation's physical address *

Address

eg: 1 Constitution Ave, City, ACT, 2601, Australia. If you need to use a PO BOX as an address, please select "Can't find address" in the drop down menu.

Organisation's postal address (if different to physical address)

Address

e.g: 1 Constitution Ave, City, ACT, 2601, Australia.

Organisation's primary website *

Must be a URL.

Eligibility (see Section 5 in Guidelines)

* indicates a required field

Is your organisation (select all that apply): *

- Registered Training Organisation (RTO)
- Group Training Organisation (GTO)
- Employer
- Industry association
- Community organisation
- Aboriginal Community-Controlled Organisation (ACCO)
- Other:

Does your organisation deliver programs within the ACT: *

- Yes
- No

To be eligible organisations must deliver programs within the ACT

If your organisation delivers programs within the ACT, select all that apply: *

- Operating in the ACT with a business address in the ACT
- Deliver programs within the ACT with a business address in another jurisdiction – please specify programs delivered within the ACT

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If business address is in another jurisdiction please specify programs delivered within the ACT:

Does your organisation have current public liability insurance cover to a minimum level of \$10,000,000? *

- Yes
 No

No more than 1 choice may be selected.

Is your organisation registered for the goods and services tax (GST) if applicable (if turnover is greater than \$150,000 per annum)? *

- Yes
 No

No more than 1 choice may be selected.

Is your organisation up to date with their compliance requirements under the Associations Incorporation Act 1991? *

- Yes
 No
 N/A - the Association Incorporation Act 1991 does not apply to my organisation

No more than 1 choice may be selected.

Has your organisation acquitted all previous grants provided by Skills Canberra or any other ACT Government agency (except for currently active projects)? *

- Yes
 No
 N/A - my organisation has not received a grant from ACT Government

No more than 1 choice may be selected.

Add comment if necessary

If your proposed project involves engaging volunteers, does your organisation have volunteer workers' insurance cover? *

- Yes
 No
 N/A - we are not applying for funding for a project which involves engaging volunteers

Does your organisation have workers' compensation insurance? *

- Yes
 No

Project plan

* indicates a required field

Please attach your project plan. Make sure to use the mandatory project plan template provided on the [ACT VET Completion Grants 2026 webpage](#).

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Project plan attachment *

Attach a file:

All sections of the project plan must be completed and include sufficient detail to enable the evaluation panel to assess the application against the eligibility and evaluation criteria.

Evaluation Criteria

If your application meets the general eligibility criteria, the evaluation panel will assess it using the information provided in your project plan, your uploaded budget, and your responses to the next four sections of this application form.

When completing these sections, please refer to the Evaluation Criteria (Section 6.2) of the [ACT VET Completions Grants 2026 Program Guidelines](#), as these criteria will be used to evaluate your application.

Project design (weighting: 25%)

* indicates a required field

Describe the proposed project and how it will contribute to the objective (Section 2) and outcomes (Section 3) in the ACT VET Completions Grants 2026 Program Guidelines. Your response should clearly identify the priority group(s) whose VET completions will be supported through the project. *

Word count:

Must be no more than 1200 words.

How does the project complement, rather than duplicate, existing services or funding? *

Word count:

Must be no more than 300 words.

Please list any further consultation outcomes and/or evidence relating to the need for the project and the approach (Optional).

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Longer-term impact (weighting: 25%)

* indicates a required field

Explain the anticipated longer-term impact of the project beyond the funding period. *

Word count:

Must be no more than 1200 words.

Partnerships, Capacity and Capability (weighting: 25%)

* indicates a required field

Describe your organisation's capacity and capability to deliver the project successfully. *

Word count:

Must be no more than 1200 words.

Please attach letters of support from each project partner and any further evidence where relevant. *

Attach a file:

For an application to be considered eligible, it must include letters of support from each project partner, confirming their contributions and the partnership arrangement.

Describe how your organisation ensures culturally safe practice and manages cultural load where relevant. *

Word count:

Must be no more than 300 words.

Value for money (weighting: 25%)

* indicates a required field

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Total amount grant requested (GST exclusive) as listed in your budget. *

\$

Must be a dollar amount.

Organisations can apply for a maximum of \$250,000.

Please attach your project budget and any quotes. Make sure to use the mandatory project budget template provided on the [ACT VET Completion Grants 2026 webpage](#).

For an application to be considered eligible, it must include:

- an itemised budget using the 2026 ACT VET Completions Budget Template;
- at least one quote for any planned expenditure over \$5,000 (for purchased items or subcontracted services);

Project Budget and Quotes: *

Attach a file:

Explain how the requested funding represents value for money. *

Word count:

Must be no more than 1200 words.

Does this project receive funding from any other ACT or Australian Government source? If yes, please describe each funding source, the project component it supports, and the additional outcomes that would be achieved if this application is successful.

NB: All sources of funding for the project must be listed in the project budget attachment.

Declaration

* indicates a required field

I declare:

- I have read the ACT VET Completion Grants 2026 program guidelines and to the best of my knowledge this application is eligible under those criteria
- I can enter into a deed of grant with the ACT Government that reflects the amount and terms of the financial assistance offered
- All other sources of ACT or Australian Government funding have been fully disclosed

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- My organisation has a minimum of \$10 million public liability insurance and, if successful, I will supply a copy of my organisation's Public Liability Insurance Certificate of Currency on request
- My organisation's public liability policy includes volunteer workers insurance cover (if my organisation is intending to engage volunteers) and, if successful, I will supply a copy of the appropriate certification on request.
- My organisation has workers' compensation insurance and, if successful, I will supply a copy of the appropriate certification on request
- My organisation is registered for the goods and service tax (GST) if applicable (if turnover is greater than \$150,000 per annum)
- My organisation is up to date with their compliance requirements under the Associations Incorporation Act 1991 if applicable.
- I understand and accept that the ACT Government may be required to liaise with other organisations, including Australian Government departments, in relation to applications
- I understand and accept that, should the application be successful, a formal agreement with the ACT Government will need to be executed prior to funding
- I understand and accept that if my organisation is offered funding, the project title, project outcome, total cost, total eligible expenditure and details of the grant support offered may be published by the ACT Government in material for the promotion of its programs or in reporting requirements to the ACT Legislative Assembly and Australian Government
- I understand that, if the application is successful, grant payment/s will be made in accordance with the agreed payment schedule and conditions in the Deed of Grant
- The information provided in this application, including attachments, is true and correct to the best of my knowledge
- I understand that I may be contacted by the ACT Government for additional information or supporting documentation
- I understand that, if shortlisted, the project detailed in this application will progress to negotiations
- I understand that funding is not guaranteed until the project has been approved by the ACT Government.

Declaration *

- Yes, I have read and agree to the above conditions.

Name of authorised person *

Title First Name Last Name

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Must be a senior staff member or board member.

Position *

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Position held in applicant organisation (e.g. CEO, Treasurer).

Day-time phone number / mobile number *

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Must be an Australian phone number.

eg. 02 6207 0000 or 0431 000 000

Primary email address *

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Must be an email address.

Date *

Must be a date.

Privacy Notice

Privacy Notice In compliance with the *Information Privacy Act 2014* (the Act) personal information on this form may be stored in CMTEDD's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal or commercial information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

Select NEXT at the bottom of this page to REVIEW and SUBMIT.