



Submission Reference:  
**3NNKB4C**

## Registration Information

### Community Grants Hub

Please note that all references to the 'Community Grants Hub' throughout this Registration Form refer to the Community Grants Hub (supported by the Australian Government Department of Social Services).

### Closing Date/Time

Registration of Interest must be submitted by **2:00pm** Canberra local time on **Tuesday 29 August 2017**.

### Making Sure Your Registration of Interest is Saved

The 'Continue' button will not save your Registration of Interest. For your Registration of Interest to be saved, you will need to click on:

- 'Save and Exit', and
- 'Confirm'.

You will know that your Registration of Interest is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Exit' button will ask that you 'Confirm' that you wish to save the Registration of Interest which you must do to complete the save process. If this is not done, your Registration of Interest will not be saved.

You can return to your Registration of Interest with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

### Registration of Interest Pack

Read all information in the Registration of Interest Pack before completing this Registration of Interest Form. The Registration of Interest Pack is available on the Community Grants Hub ([website](#)) and GrantConnect.

## Registration Help

Information about the Registration of Interest process is available on the [Community Grants Hub](#) website and GrantConnect.

Registrants must submit any questions relating to the Program or this Registration of Interest process in writing to [support@communitygrants.gov.au](mailto:support@communitygrants.gov.au). Registrants may submit these questions up until five Business Days prior to the Closing Time and Date. A response will be provided within five business days.

Registrants may direct any general enquiries, requests for technical help or support in using and/or submitting the Registration of Interest Form by:

- Phone **1800020283**
- Email to [support@communitygrants.gov.au](mailto:support@communitygrants.gov.au)

## IMPORTANT - Navigation

The form requires sequential navigation. To progress through the form you must complete each tab in sequence – while you are able to go back and make changes in the form you will be required to progress through each tab once again (along the top navigation bar) to return to the point you had previously completed. Please note some changes to earlier fields/tabs may alter your path and require additional information.

## Sharing this Form

Please note that more than one person should not be accessing this form at the same time.

If this is done then there is a risk that information may be lost in the form and all information will not be transferred in submission.

If you wish to share this form and the access details, please ensure that only one user at a time is accessing and saving information. I.e. one person needs to have completed their updates and have saved and exited the form prior to another starting on their updates in the same form.

## Submission Reference ID

Each Registration of Interest Form is allocated a unique Submission Reference ID. Each time this Registration of Interest is accessed you will be required to use this Submission Reference ID.

## Submitting the Registration of Interest Form

Once you have completed this Registration of Interest Form, you must submit it electronically by using the submission section at the end of this form.

**Please note:** there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the Community Grants Hub website.

Following electronic submission, a message with your Submission Reference ID will appear on your screen. An email will be sent to the main email contact provided in the Registration of Interest Form. A function is also available on the submission page to allow you to send a receipt email to the address of your choosing. Please save this email receipt for future reference and use it in all correspondence about this Registration of Interest.

## National Relay Service (NRS)

Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

# Disability Employment Services Registration of Interest

## Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Innovation and Science on [www.business.gov.au](http://www.business.gov.au). If you are providing information to access a non-Department of Industry, Innovation and Science programme, that information will not be accessed by Department of Industry, Innovation and Science employees. The only exception to this is where Senior Analysts within the Department of Industry, Innovation and Science require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

For more information about how the Department of Industry, Innovation and Science protects your privacy and personal information, please see the Department of Industry, Innovation and Science's [Privacy Policy External Site](#). The Community Grants Hub [Privacy Policy](#) and [WCaG Accessibility](#) Information and the individual Department [Privacy Policy](#) should also be read and understood.

## Consortium

A group of legal entities will be able to lodge a joint application as a consortium. All members must be an eligible organisation as detailed in the Industry Information Paper, and later in the Grant Opportunity Guidelines.

Each Consortium will be required to appoint a lead member who must be authorised to act on behalf of, and contractually bind, each group member. All organisation details that are asked for on this Registration of Interest form are to be provided for the lead organisation, but take into account the interest and coverage of all the member organisations.

## Use of Information

Your Submission Reference is:

**3NNKB4C**

Please note that your saved form, if not updated or submitted within a set period of time, will be deleted.

**Please 'Send yourself a reminder email' below. This email details the Submission Reference number, a link to access your saved form and information on how to contact us for further assistance.**

Your email address \*

## Use of Information

The Department of Social Services may use the information, other than personal information, provided in this Registration Form to assist the Department of Social Services to:

- comply with the Australian Government requirement to publish the details of all grant recipients on the Department of Social Services website,
- inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program, and/or
- inform future assessments for Registration of Interest.

You can only register if you agree to the Department of Social Services using the information (not personal information) you provide in this form for the purposes listed above.

Check this box if you agree to the Department of Social Services using the information (not personal information) you provide in this Registration of Interest Form.

I agree \*

## Existing Disability Employment Services Provider

Is the Registrant an existing Disability Employment Services Provider, or Department of Social Services Grant Recipient? \*

You must respond to this question.

Select 'No' if the Registrant is not an existing Disability Employment Services (DES) or Department of Social Services Grant Recipient.

Select 'Yes' if the Registrant is an existing DES Provider, or Department of Social Services Grant Recipient. If yes is selected you then must enter your organisation ID number or Code in the next field. The Registrant's organisation ID number should be entered as it appears on the Department of Social Services Grant Agreement. For current DES providers, the Organisation code that appears in the ESSweb (e.g. ABCD) should be entered. After entering the organisation ID/Code, click on the 'Verify number' button to validate the ID or Code to bring back key organisation details for this Registration of Interest.

Should there be any issues with validation, a message will be returned to give a choice of actions to progress. If you require assistance, please call 1800020283.

Yes  No

**If Yes, provide the Organisation Id number as it appears on your Grant Agreement or in ESSweb and then click 'Verify number' to confirm the details are correct**

Tip: Copy and paste the Organisation Id number from the Grant Agreement or code from the ESSweb system to avoid errors.

Organisation ID (DSS Org ID as it appears on Agreement) \*

Organisation Code (ESSweb)

Registrant Legal Name

Registrant Trading Name

ABN

State

Postcode

GST Registered

Charity

For Profit

Withholding Tax Exempt

Are updates required to the Registrant's details? \*

You must respond to this question.

Select 'No' if updates are not required to the Registrant's details as currently held by the Department of Social Services.

Select 'Yes' if updates are required to the Registrant's details as currently held by the Department of Social Services. Please note that amendments here will not update your current contract arrangements. If you wish to update your current contract details please contact your DSS Grant Agreement Manager or DES Account Manager.

Yes

No

## Eligibility Details

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### What is the Registrant's legal entity type? \*

This Registration of Interest process is not assessed and has no eligibility requirements.

Please note: While you should select from the dropdown list the type of entity that best describes your organisation, at the next stage, the department will only enter into Grant Agreements with an individual or organisation that has legal personality. An individual or organisation has legal personality if it has the rights and obligations of a legal person. These include, but are not limited to, the right to buy, sell, assign or lease any property; enter into contracts; and sue and be sued in their own name.

Examples of organisations with legal personality include:

- a corporation incorporated under the Corporations Act 2006 (Cth) or the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cth);
- an incorporated trustee on behalf of a trust;
- an association incorporated by state or territory legislation;
- an local government body in Australia; or
- a State or Territory government body in Australia.

Unless prescribed by legislation, unincorporated associations do not have legal personality.

What is the Registrant's legal entity type?

You must respond to this question. Choose the legal entity type that is relevant to the Registrant from the list.

NOTE: Entity type is only being collected at this point for information.

NOTE: Use the field's scroll-bar or the keyboard's down-arrow to view all available options.

If you are unsure about the Registrant's legal entity type, please seek independent advice (e.g. from your Accountant) or refer to <http://www.abr.business.gov.au/> for further information.

## Intended Locations

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## In which Employment Service Area/s (ESA) is the Registrant proposing to deliver the DES program?

Please select 'ESA 2013' from the 'Coverage Type/ESA' drop down below. This will populate the entire list of ESAs and you will then be able to select the individual ESAs in which you wish to deliver services.

For further details of the available coverage type/ESAs refer to the Community Grants Hub website and GrantConnect.

### Instructions:

- The 'Available ESA/s' list is sorted alphabetically. To search for a specific ESA you can click in the 'Available ESA/s' box and type in the first letter of the ESA name you are looking for. This will move the list to ESAs that start with that letter. For example, type 'E' into the box to find East Metro WA.
- To add an ESA to the 'List of Chosen ESA/s' box, click on the ESA name and then click on the Add (plus) button.
- To choose multiple ESAs to add at one time, use Shift+Left-Click to select a group of ESAs.
- To delete ESAs from the 'List of chosen ESA/s', choose the ESA that is not required in the right list box and click the Delete (minus) button to remove it.

### List of chosen Coverage Areas/ESA

ACT/Queanbeyan ACT/NSW

Adelaide Hills SA

Alice Springs NT

Bayside Vic

Bendigo Vic

Will you be delivering Disability Management Service (DMS) services in any of the ESA/s you have chosen above? \*

Yes

No

Will you be delivering Employment Support Service (ESS) services in any of the ESA/s you have chosen above? \*

Yes

No

## DMS Service Details

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From the list of ESA/s you have chosen on the left please select ESA/s where DMS services will be delivered following the same process as before \*

**List of chosen DMS ESA/s**

ACT/Queanbeyan ACT/NSW

Adelaide Hills SA

Alice Springs NT

Bayside Vic

Will you be delivering DMS Generalist services in any of the ESA/s you have chosen? \*

Yes

No

Indicate which of the ESA/s will be a DMS Generalist Service \*

Your DMS ESA/s list has been prepopulated below. Please select all ESAs where you will be delivering DMS Generalist Services.

**List of Generalist DMS Areas**

Adelaide Hills SA

Will you be delivering a DMS Specialist Service in any of the ESAs you have chosen? \*

Yes

No

Indicate which of the ESA/s will be a DMS Specialist Service \*

Your DMS ESA/s list has been prepopulated below. Please select all ESAs where you will be delivering DMS Specialist Services.

**List of Specialist DMS Areas**

Bayside Vic

Please tick which DMS specialist services you will be delivering.

Aboriginal or Torres Strait Islander

Youth at Risk

Culturally and Linguistically Diverse

Hearing impaired and deaf job seekers

Indigenous Australians

Development Disability

Mental Health

Psychiatric Disability

Autistic Spectrum Disorder

Spinal Cord Injury/Other Physical Disability

Autism Spectrum Disorder inc, Asperger, PDD - NOS

Intellectual Disability

Neurological, ABI, Psych, Intellectual & Learning

Psychiatric Disability/Mental Illness

Deaf and Hearing Impaired

Blind and Vision Impaired

Gay, Lesbian, Bisexual, Transgender and Intersex

Mental Health, Intellectual Disability, Ex Offender

Intellectual and Learning Disability

(IQ <= 60) Moderate Intellectual Disability

Sensory Impairment (Hearing or Vision Loss)

Will you be delivering a specialisation that does not appear in the list above? \*

Yes

No

## ESS Service Details

From the list of ESA/s you have chosen please select ESA/s where ESS services will be delivered \*

**List of chosen ESS areas.**

ACT/Queanbeyan ACT/NSW

Will you be delivering ESS Generalist services in any of the ESA/s you have chosen? \*

Yes

No

Indicate which of the ESA/s will be an ESS Generalist Service

Your ESS ESA list has been prepopulated below. Please select all ESAs where you will be delivering ESS Generalist Services.

**List of Generalist ESS Areas**

ACT/Queanbeyan ACT/NSW

Adelaide Hills SA

Alice Springs NT

Is there an ESS Specialist Service in the List of chosen ESS areas? \*



Yes

No

### Indicate which of the ESA/s will be an ESS Specialist Service \*

Your ESS ESA list has been prepopulated below. Please select all ESAs where you will be delivering ESS Specialist Services.

#### List of chosen ESS Specialist areas

ACT/Queanbeyan ACT/NSW

Please tick which ESS specialist services you will be delivering.

- Aboriginal or Torres Strait Islander
- Youth at Risk
- Culturally and Linguistically Diverse
- Hearing impaired and deaf job seekers
- Indigenous Australians
- Development Disability
- Neurological, ABI, Psych, Intellectual & Learning
- Psychiatric Disability/Mental Illness
- Deaf and Hearing Impaired
- Blind and Vision Impaired
- Gay, Lesbian, Bisexual, Transgender and Intersex
- Mental Health
- Psychiatric Disability
- Autistic Spectrum Disorder
- Spinal Cord Injury/Other Physical Disability
- Autism Spectrum Disorder inc, Asperger, PDD - NOS
- Intellectual Disability
- Mental Health, Intellectual Disability, Ex Offender
- Intellectual and Learning Disability
- (IQ <= 60) Moderate Intellectual Disability
- Sensory Impairment (Hearing or Vision Loss)

SAMPLE

Will you be delivering a specialisation that does not appear in the list above? \*

Yes

No

## Contacts

Who is the Registrant's preferred authorised contact person for this Registration? \*

Who is the Registrant's preferred authorised contact person for this Registration?

The person must have authority to act on behalf of the Registrant in relation to this Registration.

Title \*

First name \*

Last name \*

Position \*

Telephone \*

Mobile

Email address \*

Please note – this email will be the primary email address to which the invitation to apply or to treat is to be sent for Stage 2 – DES Grant Application process.

## Provide an alternate authorised contact for this Registration. \*

Provide an alternate authorised contact for this Registration.

This person must also have authority to act on behalf of the Registrant in relation to this Registration.

Title \*

First name \*

Last name

Position \*

Telephone \*

Mobile

Email address \*

Please note - this email will be the secondary email address to which the invitation to apply or to treat is to be sent for Stage 2 – DES Grant Application Process

SAMPLE

## Acknowledgement

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Please read and complete the following:

I acknowledge the Department of Social Services will use the contact details provided in this Registration of Interest form for the invitation to apply for funding through Stage 2. The Department of Social Services will not be held responsible for non-receipt of an invitation to apply where incorrect contact details have been provided.

If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Registration. \*

Full name of Authorised Officer \*

Position of Authorised Officer \*

Date