ANZ First Nations Financial Capability Scholarship Program

Employer Nomination and Expression of Interest

CHC42021 Certificate IV in Community Services

Funded by ANZ and delivered by ICAN Learn (RTO 45177)

About This Form

Read the **Program Information Sheet** with the employee, then complete **one form for each employee**. The employer completes Sections 1, 2, 4 and 6; the employee completes Sections 3 and 5.

This EOI is **not** an enrolment, an offer of a place or an agreement to pay fees. Invited employees must complete enrolment, a pre-training interview and an LLND assessment by **Friday 12 February 2027**. The course starts on **Monday 1 March 2027**.

How to complete: For best results, complete this form in Microsoft Word. Type in the white boxes and click a box to select it. Select one option for each question unless otherwise stated and save the completed document before returning it. On paper, use black or blue pen and mark each choice with an X. Signatures may be handwritten or electronic.

Return to: administration@icanlearn.edu.au by **Friday 29 January 2027**

Questions: Alex Price-Busch, Workforce Development Coordinator · alex.pricebusch@ican.org.au · 0488 993 080

Privacy

ICAN Learn collects and uses this information to manage scholarship nominations, contact employees, assess eligibility and identify support needs. Personal information may be shared with ANZ as part of the scholarship program.

Only authorised staff and relevant service providers may access this information. A USI and identity documents are not required at this stage. First Nations identification information will be requested directly from the employee where required.

To access or correct your information or raise a privacy concern, contact administration@icanlearn.edu.au. Missing essential information or required consent may prevent the nomination from progressing. Declining optional employer progress updates will not affect nomination consideration.

1. Employee Details

Employer to complete

Employee's Full Name	
Position Title and Main Duties	
Work Location and State or Territory	
Employee's Email	
Employee's Phone Number	
Employer Organisation	
Is the organisation an Aboriginal Community-Controlled Organisation?	☐ Yes ☐ No ☐ Unsure

2. Employer Contact

Employer to complete

Manager's Name and Position	
Email and Phone Number	
Can this person approve study release and employer support?	☐ Yes ☐ No
If no, name and contact of the person who can	

3. About the Employee

Employee to complete

Why would you like to complete this course, and how would it help you in your role?

Your community services experience or previous study (role, organisation, how long; any qualifications or units completed).

Do you have a suitable computer, internet and email?	☐ Yes ☐ Need to discuss
Can you commit approximately 15 hours per study week outside scheduled training?	☐ Yes ☐ Need to discuss
Can you attend all 24 face-to-face days (Tuesday to Thursday, Weeks 1 and 6 of each term; attendance is mandatory) and the online sessions?	☐ Likely ☐ Need to discuss
Are you interested in credit transfer or recognition of prior learning?	☐ Yes ☐ No ☐ Unsure
Would you like ICAN Learn to contact you privately about learning, digital, accessibility, cultural or wellbeing support?	☐ Yes ☐ No
Anything that may affect your availability that you would like to discuss	

Please do not include health details, personal history or client information on this form. You can talk about support needs directly with ICAN Learn.

4. Employer Support

Employer to complete

Please check the face-to-face dates in the Program Information Sheet. Select one option for each item.

Paid release for the 24 face-to-face days and live online sessions	☐ Supported ☐ Discuss ☐ Not available
Study space, computer and internet access	☐ Supported ☐ Discuss ☐ Not available
Workplace guidance and suitable practice opportunities	☐ Supported ☐ Discuss ☐ Not available
Travel and accommodation for face-to-face training (not covered by the scholarship)	☐ Supported ☐ Discuss ☐ Not available
Paid study hours per week outside scheduled training	
How workload or cover will protect study time	
Workplace Support Contact: Name and Role	
Workplace Support Contact: Email and Phone	
Who will pay any costs not covered by the scholarship? (This does not create an invoice or payment obligation.)	☐ Employer ☐ Employee ☐ Shared ☐ To discuss
Shared-cost arrangements, if any (for example, how travel or accommodation costs will be split)	

5. Employee Consent

Employee to complete

Read and select each declaration to confirm your acknowledgement.

☐ I have talked about this nomination with my employer and read the Program Information Sheet. I would like ICAN Learn to contact me.

☐ I understand that attendance at all face-to-face days is mandatory, and that the venue, workload and assessment requirements will be confirmed before I decide to enrol.

☐ I understand that this EOI does not guarantee a place or a qualification, and that I can decide not to go ahead.

☐ I agree to my employer submitting this form, and to ICAN Learn using my contact and work details to consider this EOI and talk with me about the next steps.

Employer Progress Updates — select one option.

If I enrol, my employer may receive optional updates on my attendance, assessment progress and completion.

☐ I agree to these updates going to the employer contact named on this form, to support my study.

☐ Please talk with me about employer updates before I agree.

☐ I do not consent to optional employer progress updates.

Optional employer updates are limited to attendance, assessment progress and completion status. They do not include assessment responses or confidential support information. You can change this choice later by contacting ICAN Learn. Any reporting required by law or the scholarship funding will be explained before enrolment.

Acknowledgement and Consent

☐ I consent to ICAN Learn sharing my personal information with ANZ as part of the scholarship program.

Employee Name	
Signature	
Date	

6. Employer Acknowledgement

Employer to complete

Read and select each declaration to confirm your acknowledgement.

☐ I have discussed this nomination with the employee and recorded the proposed support accurately.

☐ I confirm that I am authorised to approve the support recorded in Section 4. Our organisation will provide the support marked “Supported” and resolve any outstanding arrangements with the employee before enrolment is finalised.

☐ I have reviewed the course dates and scholarship inclusions and understand that travel and accommodation are not covered by the scholarship. I will discuss any changes with the employee and ICAN Learn.

☐ I understand that this nomination does not create a fee agreement, change employment conditions or guarantee a place. ICAN Learn is responsible for suitability, enrolment, assessment and certification.

☐ I confirm that a Working with Children's Check and Police Check has been completed to the above nominated candidate.

☐ I acknowledge that ICAN Learn may share information about our organisation’s involvement in the scholarship program with ANZ.

Name and Position	
Signature	
Date	