**2023 Request Variation to Delivery Plan Form**

**Additional / Return of Student Contact Hours**

**Variation to LGA or Program Stream**

Please use this form to request Variation to your 2023 Pre-accredited Delivery Plans.

**Additional or Return of Hours** can be requested as a **variation** to the Delivery Plan. Requests can be submitted any time up to 30 September 2023, and will be considered by the Department at a monthly panel meeting.

**Additional hours** requests will be assessed against:

* + - Evidence of increased learner demand for the proposed module(s)
		- Evidence that the Learn Local provider’s pre-accredited provision is meeting 2023 targets
		- Alignment with strategic and local priorities and pathways to further training or employment
		- Availability of hours through the return of hours process.

**Return of Hours:**

* + - Return of hours requests will not be accepted for return of hours in excess of total remaining milestone payments for 2023, in the program stream and Local Government Area (LGA).

All requests for additional or return of hours must be greater than 50 SCH to be considered.

**Variation of** **Program Stream and/or LGA** can be requested anytime up to 30 September 2023, and will be considered by the Department at a monthly panel meeting. Variations to the Delivery Plan include:

* + When moving agreed delivery from one LGA to another and/or
	+ When moving agreed delivery from one Program Stream to another (General Pre-accredited to Digital Skills only)

*Please refer to the 2023 Pre-accredited Training Delivery Guidelines P24, which outlines the arrangements for providers seeking variations to agreed Delivery Plans. These guidelines can be found on the Learn Local Sector Website, through this* [*link*](https://www.vic.gov.au/pre-accredited-training-and-programs)*.*

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| **Requestor Details** |
| **Requestor Name and Position** |  |
| **Learn Local Provider Name:** |  |
| **Date:** |  |
| **TOID:** |  |
| **Contact Number:** |  |

**Request:** (please tick appropriate box below)

**🞏 Request for Additional or Return of Hours (Subject to availability and requires approval by Department Monthly Panel Meeting and the Financial Delegate).** Please specify below:

Total Number of Additional SCH requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of SCH to be Returned for reallocation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🞏 Variation to contracted Delivery Plan (requires approval by Department Monthly Panel Meeting and the Financial Delegate)**

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| **What is the reason for changing your delivery plan?** *Please provide details including evidence of learner demand beyond current plan and alignment to strategic and local priorities.**Include any attachments.* |
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Please fill in the below table if requesting Additional Hours or Return of Hours

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Additional SCH Requested** | **Total SCH for Return**  | **LGA** | **Module Name**  | **Program Stream**(Digital Skills,General Pre-Accredited) | **Program Category**Digital Skills (Digital Literacy, Digital Skills for Employability, Digital Short Module)General Pre-accredited (Vocational, Employability, Literacy & Numeracy, Language, General PA Short Module) | **Module Scheduled SCH** | **Number of Students** |
| *Eg. 300* | *0* | *La Trobe* | *Digital Essentials Level 1* | *Digital Skills* | *Digital Literacy Essentials* | *30* | *10* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Please fill in the below tables if requesting a Variation to LGA or Program Stream

From:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Module Name**(List the modules for variation as they appear on your delivery plan) | **Module Code** | **LGA** | **Program Stream** (Digital Skills, General Pre-Accredited) | **Program****Category**Digital Skills (Digital Literacy, Digital Skills for Employability, Digital Short Module)General Pre-accredited (Vocational, Employability, Literacy & Numeracy, Language, General PA Short Module) | **Module Scheduled SCH** | **Number of Students** | **Total SCH for Variation** |
| *Eg. Get Ready for Work* | *23EMP182003* | *La Trobe* | *General Pre-Accredited* | *Employment* | *50* | *20* | *1,000* |
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To:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Proposed/Existing Module Name**(List the modules for variation as they appear on your delivery plan) | **Proposed/Existing Module Code** | **LGA** | **Program Stream** (Digital Skills, General Pre-Accredited) | **Program****Category**Digital Skills (Digital Literacy, Digital Skills for Employability, Digital Short Module)General Pre-accredited (Vocational, Employability, Literacy & Numeracy, Language, General PA Short Module) | **Module Scheduled SCH** | **Number of Students** | **Total SCH for Variation** |
| *Eg. Micro Makers Business* | *23VOC182010* | *La Trobe* | *General Pre-Accredited* | *Vocational* | *50* | *20* | *1,000* |
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**When requesting variations, please ensure your final SCH total allocation balances. Where this is not possible, please liaise with your Regional Office.**

**Prior to Submitting**

* + Have the requested changes to your 2023 Delivery Plan been endorsed by your Committee of Management/Financial Delegate? Yes 🞏 No 🞏
	+ Is your proposed new delivery within scope for ACFE funded pre-accredited training? Yes 🞏 No 🞏
	+ Please submit A Frame (course and session plan) documentation for all new locally developed courses.
	+ Do not submit an updated Delivery Plan with this request. If your requested is approved, an updated Delivery Plan will be required at that time.
	+ You will receive written confirmation from the Regional team about the outcome of your request. Please do not proceed with implementation of changes until you receive written notification of an approval.

**Submitting a Request**

* + Requests for Delivery Plan Variations, Additional or Return of Hours, please email training.participation@education.vic.gov.au. Please CC the Regional Office.

**Further Information**

If you have any questions, please contact your Regional Office.

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| --- | --- | --- | --- |
| **North Western Victoria Region** | **North Eastern Victoria Region** | **South Eastern Victoria Region** | **South Western Victoria Region** |
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