Adult Community and Further Education (ACFE) Branch

# **2024 Learn Local Delivery Plan Variation Request Form**

# Additional / Return of Student Contact Hours

# Variation to Program Stream or LGA

Please use this form to request a variation to your Pre-accredited Delivery Plan in 2024.

**Requestor Details**

|  |  |
| --- | --- |
| **Learn Local Provider Name:** |  |
| **TOID:** |  |
| **Contact Number:** |  |
| **Requestor Name and Position:** |  |
| **Date of submission:** |  |

## **Details of 2024 Delivery Plan Variation Request**

Have you previously requested a variation in the 2024 Open Round? *(Maximum 3)*

Yes [ ]  No [ ]

What type of request are you making? Include a rationale. *(select all that apply)*

*Please include in your rationale for changing your delivery plan, any of the following that apply:*

* *Alignment with ACFE Board priorities*
* *Evidence of learner demand beyond current plan (above / below)*
* *Alignment with local priorities and pathways to further training and employment*
* *Include any attachments or other information that is relevant.*

Additional Hours [ ]

|  |  |
| --- | --- |
| **Rationale for requesting additional hours** *(max 100 words)* |  |

Return of Hours [ ]

|  |  |
| --- | --- |
| **Rationale for requesting return of hours** *(max 100 words)* |  |

Program Stream Variation [ ]  LGA Variation [ ]

|  |  |
| --- | --- |
| **Rationale for requesting variation to program stream & / or LGA** *(max 100 words)* |  |

### Please fill in the relevant information below.

***Section 1*** *to be completed if requesting Additional or Return of Hours.*

***Section 2*** *to be completed if requesting Variation to Program Stream (GPA to DigEmploy) or LGA.*

## **Section 1: Additional or Return Hours**

Please fill in the below information to request Additional Hours or Return of Hours

**What is your current percentage (%) delivery for 2024?**

|  |  |
| --- | --- |
| **GPA %:**  |  |
| **DigEmploy %:** |  |

**What is the total number of Additional hours requested (SCH)?**

|  |  |
| --- | --- |
| **GPA:**  |  |
| **DigEmploy:**  |  |

**What is the total number of Return hours requested (SCH)?**

|  |  |
| --- | --- |
| **GPA:**  |  |
| **DigEmploy:**  |  |

| **LGA** | **Program Stream***Select from drop down list* | **Module Name** | **Program Category***Select from drop down list*  | **Module Hours** *(total course student contact hours)* | **Number of Students***(for addition or return)* | **Additional SCH Requested***(Complete if requesting additional hours)* | **Returned SCH Requested** *(Complete if requesting to return hours)* |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Select |  | Select |  |  |  |  |
|  | Select |  | Select |  |  |  |  |
|  | Select |  | Select |  |  |  |  |
|  | Select |  | Select |  |  |  |  |
|  | Select |  | Select |  |  |  |  |
|  | Select |  | Select |  |  |  |  |

*(Please note: Additional rows require manual input)*

## **Section 2: Variation to Program Stream or LGA**

Please fill in the below tables to request a Variation to Program Stream

TRANSFER SCH FROM

| **LGA** | **Program Stream***Select from drop down list* | **Current Module Name & Code** | **Program Category***Select from drop down list*  | **Module Hours** *(total course student contact hours)* | **Number of Students***(for addition or return)* | **SCH requested for transfer FROM in Variation** |
| --- | --- | --- | --- | --- | --- | --- |
|  | Select |  | Select |  |  |  |
|  | Select |  | Select |  |  |  |
|  | Select |  | Select |  |  |  |
|  | Select |  | Select |  |  |  |
|  | Select |  | Select |  |  |  |
|  | Select |  | Select |  |  |  |

*(Please note: Additional rows require manual input)*

|  |  |
| --- | --- |
| **SCH FROM Total** |  |

TRANSFER SCH TO

| **LGA** | **Program Stream***Select from drop down list* | **Current Module Name & Code** | **Program Category***Select from drop down list*  | **Module Hours** *(total course student contact hours)* | **Number of Students***(for addition or return)* | **SCH requested for transfer TO in Variation** |
| --- | --- | --- | --- | --- | --- | --- |
|  | Select |  | Select |  |  |  |
|  | Select |  | Select |  |  |  |
|  | Select |  | Select |  |  |  |
|  | Select |  | Select |  |  |  |
|  | Select |  | Select |  |  |  |
|  | Select |  | Select |  |  |  |

*(Please note: Additional rows require manual input)*

|  |  |
| --- | --- |
| **SCH TO Total** |  |

|  |  |
| --- | --- |
| **What is the total SCH balance being transferred from GPA to DigEmploy:**  |  |

Please note: When requesting a program stream variation, please ensure that your final SCH total allocation balances (Transfer SCH FROM total equals Transfer SCH TO total). If this is not possible, please liaise with your Regional Office.

## **Submitting a Request**

* Have the requested changes to your 2024 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** [ ]
* Please submit A Frame (module and session plan) documentation for all new locally developed / centrally adapted modules.
* **Do not** submit an updated Delivery Plan with this request. If your request is approved, an updated Delivery Plan will be required at that time.
* Please email requests for Delivery Plan Variations, Additional or Return of Hours to training.participation@djsir.vic.gov.au and Cc the Regional Office.
* Your request will be reviewed by the Regional Office and considered by the Moderation Panel. Incomplete applications will not be assessed.
* Written confirmation from the Regional team will be provided following the outcome of the Moderation Panel meeting. Please do not proceed with implementation of changes until you receive written notification of an approval.

## **Further Information**

Please see the 2024 Delivery Plan Variation Expression of Interest Guide.

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