Education and Care Professional Learning Grant 2026 - Application Form

Form Preview

Instructions for Applicants

Priority of Round

Education and Care Professional Learning Grant

Funding priority may be given to professional learning that:

- Clearly identifies a learning need or skills gap.
- Is linked to your service's Quality Improvement Plan (QIP), Licensing Action Plan (LAP) or Service goals.
- Builds lasting capability and supports sustained improvement.
- Demonstrates strong leadership commitment and organisational support.
- Provides value for money and benefit for children, families, and educators.
- Supports services with a Working Towards rating of the National Quality Standard.
- Relates to identified non-compliance within the last 12 months (i.e. addressing adequate supervision).
- Supports educators, service and providers operating in or supporting disadvantaged or vulnerable communities.

Completing Your Application

IMPORTANT: Please read this application form together with the Education and Care Professional Learning Grant Guidelines and associated documentation, available on the Early Childhood Outcomes and Regulation (ECOR) website.

1. **Answer Every Question**: Incomplete applications will be deemed ineligible.
2. **Think Big Picture**: Consider how this grant can support your service's long-term goals. Reflect on how the proposed professional learning will contribute to continuous improvement and the lasting impact it will have on the quality of outcomes for children.
    - **Assessment and Rating / Licensing**: Address any specific challenges identified during your Assessment and Rating or Licensing processes.
    - **Quality Improvement Plan (QIP)** / **Licensing Action Plan (LAP)**: Align the learning with your service's QIP or LAP.
    - Demonstrate how the professional learning will support goals like enhancing educational programs or workforce capacity.
3. **Seek Assistance**: If you have any questions about the criteria and eligibility, contact the Grants Team at ECOR by phone at 6165 5433 or by email at Grants.ECU@decyp.tas.gov.au. Local community organisations may also offer assistance with applying for grants and filling out forms.
4. **Keep a Copy**: Make a copy of your submission for your records.

Note: Incomplete applications and/or applications received after the closing date will not be considered.

ECOR Applicant Help Information

The Education and Care Professional Learning Grant Guidelines may provide answers to your questions: Education-and-Care-Professional-Learning-Grant-Guidelines-and-Information-Pack.pdf

If you have any questions regarding the content or need assistance in understanding the questions, please contact ECOR on 6165 5433 or at Grants.ECU@decyp.tas.gov.au

SmartyGrants Applicant Help Information

If you need technical assistance to complete your application, please contact the SmartyGrants helpdesk.

http://applicanthelp.smartygrants.com.au/help-guide-for-applicants/

Closing Date

The closing date for applications is 29 November 2026 at 11.59 pm.

Eligibility

* indicates a required field

Eligibility Check

Please review the section below and respond to the questions to determine if your submission meets the eligibility criteria.

This part of the application helps both you and us ensure that you are eligible for this grant.

It is crucial that you can affirm all the listed points to confirm that you meet the eligibility requirements and that this grant is suitable for your needs.

Eligibility Criteria

Applicants must be:

- An approved provider of an education and care service under the Education and Care Services National Law or Tasmanian Child Care Act 2001.
- Operating in Tasmania.
- Able to demonstrate the professional learning need and aligns with at least one PLG objective.
- Able to demonstrate the activity and proposed costs are eligible under the published guidelines.
- Seeking funding of between $2,000 and $10,000.
- Able to commit to funding being fully expended within 12 months.
- Compliant with reporting and acquittal requirements where previous funding from ECGP has been received in the past two financial years.

I believe that this submission meets the eligibility criteria above: *

○ Yes ○ No

Applicant

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.*

To view the Department for Education, Children and Young People Personal Information Protection Policy under the Personal Information Protection Act 2004 go to Personal Information Protection Policy.

Applicant Details (Approved Provider/Service Operator)

This section refers to the Approved Provider/organisation responsible for operating the service(s) participating in the proposed professional learning.

Applicant Organisation name *
Organisation Name

Please use your organisation's full name as shown in the ABN search below. Check your spelling.

Provider Approval number

A response is required from Approved Providers under the NQF only (eg PR-0000xxxx). This can be found on the NQAITS system. No response is required from Licensed services.

Type of Organisation *

Other:

Does your organisation have an ABN? *
○ Yes ○ No

ABN *

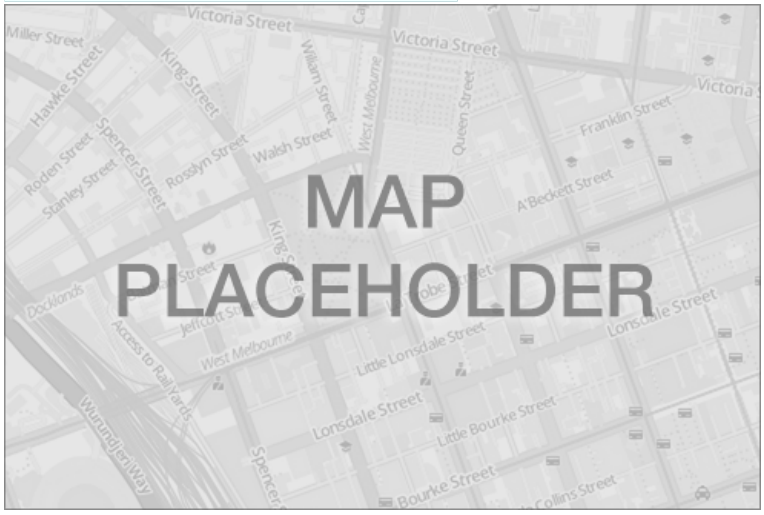
The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN
Entity Name
ABN Status

Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.
Must be an ABN

Applicant Address
Address



Applicant Postal Address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Primary contact person of Approved Provider or Licensed Entity *
Title First Name Last Name

The person to contact regarding details including the Grant Deed. eg a contact or PMC as shown on NQAITS

Position held in organisation *

e.g. Manager, Board Member, PMC.

Approved Provider or Licensed Entity Primary Phone Number *

Must be an Australian phone number.

Primary contact person's email address *

This is the address we will use to correspond with you about this grant.

Service(s)

* indicates a required field

Please list all participating service(s) by full operating name and service approval number (SE-0000XXXX). *

Service approval number is only required from Approved Services under the NQF. This information can be found on the NQAITS system. No service approval number is required from Licensed services.

Professional Learning Details

* indicates a required field

Professional Learning/Course Title *

Professional Learning Provider *

Anticipated Date of Professional Learning *

Professional Learning Overview *

Word count:

Provide a clear and concise overview of your proposed professional learning project. Include the name and format of the learning activity, who will participate, the proposed timeframe, and how the project aligns with the priorities and objectives of this Professional Learning Grants Round. Reference relevant elements of the National Quality Standard, National Law or National Regulations, Licensing Standards, Quality Improvement Plan, or Licensing Action Plan where applicable. Check that the proposed activity and costs are eligible under the published guidelines.

Describe the identified need, challenge, or knowledge gap that this professional learning will address. How was this need identified, and who will benefit from the proposed learning? *

Include evidence such as self-assessment, service quality improvement plans, educator feedback, regulatory correspondence, assessment and rating outcomes, learning action plan, or emerging sector priorities.

Provide details of the proposed professional learning activity. How is it designed to build educator knowledge, skills, and quality practice? What improvements do you expect to see in educator practice, service quality, or outcomes for children and families? *

Outline the learning content, delivery method, learning objectives, and how success will be measured.

Describe your organisation's capacity to successfully deliver and support this professional learning. What experience, resources, partnerships, and leadership support are in place to ensure the professional learning can be completed as proposed?

Include information about project management, staffing, provider expertise, organisational commitment, and any relevant information.

Provide quotes or budget documentation and explain how the proposed expenditure represents value for money. How are the costs reasonable and proportionate to the anticipated outcomes and benefits for educators and the service?

Explain key costs, participant numbers, expected outcomes, and any co-contributions or in-kind support.

How will the benefits of this professional learning be sustained beyond the grant period? Describe how knowledge, skills, resources, or practices will be embedded and shared to support ongoing improvement across the service.

Consider strategies such as mentoring, communities of practice, resource development, policy changes, training materials, or cascading learning to other educators.

Documentation

Please attach any additional documents and information regarding the professional learning need including reports, supporting correspondence etc. *
Attach a file:

Quotes (or flyers/programs) to be attached on the next page

Financial Details

* indicates a required field

Total Amount Requested *

$

Must be a dollar amount.
What is the total financial support you are requesting in this application? Must be between $2,000 - $10,000.

Total Course/Program Cost *

$

What is the total budgeted cost (dollars) of your professional learning?

Quotes

Please attach a quote, flyer, or program for your proposed professional learning *
Attach a file:

Due to administrative processes within DECYP, please ensure that the amounts either: exclude GST; or clearly identify the GST amount.

Conflict of Interest

It is the applicant's responsibility to disclose any relevant details which give rise, or may give rise, to a conflict of interest, such as: personal, professional, and business interests or others you may wish to benefit or disadvantage.

Please note that a 'yes' answer will not automatically disqualify your organisation from receiving funding but may impact ECORs monitoring of the grant if your application is successful.

Is there any potential conflict of interest (real or perceived) between the organisation applying for funding and the organisation that will facilitate the professional learning? *

- ○ Yes
- ○ No

e.g. a facilitator may be related to a member of staff at the service

Conflict of Interest Details

Please describe any conflicts of interests

Partial Funding

As is the case with all grants programs, ECOR may receive more applications than it has the capacity to support. If ECOR is unable to provide the full amount of grant funding requested, is your organisation willing to consider an offer of partial funding?

Please note that this would require your organisation to meet the difference between the amount of funding provided and the total cost of the proposed professional learning.

Is your organisation willing to consider an offer of partial funding? *

- ○ Yes
- ○ No

Comment

Amount willing to contribute

Other Grants for this Professional Learning

Has your organisation already applied for funding for the proposed professional learning?

e.g. through other community grants programs, or previous ECOR grant rounds.

Please Select *

- ○ Yes
- ○ No

If yes, please provide details:

Declaration

* indicates a required field

Declaration

This section must be *completed by an appropriately authorised* person on behalf of the applicant (may be different to the contact person listed earlier in this application form).

I certify that, to the best of my knowledge, the statements made within this application (including any attachments) are true, accurate and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the Grant Deed or Funding Agreement.

I agree * ○ Yes ○ No

I have read, understood and agree to the content of this application form and associated material, including the associated application guidelines. (available on the ECOR website)

I agree * ○ Yes ○ No

The organisation is financially viable and is able to meet all accountability requirements, including expending all grant funds within 12 months.

I agree * ○ Yes ○ No

The organisation has met all acquittal requirements where funding from the Education and Care Grants Program (ECGP) has been received in the last two financial years.

I agree * ○ Yes ○ No

I am *

○ a person authorised to sign on the approved provider's/service operator's behalf or
○ the approved provider/service operator of the education and care service named in this application

Name of authorised person *

Title	First Name	Last Name

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Position *

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

Contact phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Feedback

* indicates a required field

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process: *

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider. *