

Expression of Interest

# **University Specialist Employment Partnerships (USEP)**

### UNIVERSITY PARTNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your interest in being part of this exciting pilot program.

To assist us to identify the best possible partner for this new project, please provide details below.

### ORGANISATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### CONTACT DETAILS

##### Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you authorised to make decisions on behalf of your organisation and able to sign the MOU?

Yes / No

|  |
| --- |
| Please provide a brief description about your organisation, and outline your interest in being involved with USEP (limit 300 words) |
|  |
| Please describe your expertise and/or strategies you will use in supporting people with disability into graduate employment (limit 500 words) |
|  |
| Please describe your capacity to build relationships with a broad range of industries offering appropriate graduate-level positions (limit 300 words) |
|  |
| Please confirm that you have read and understood the information about USEP provided in the cover letter and are committed to the key principles of the USEP model (limit 300 words) *Noting that this is proposed as a long-term partnership that over time will build into a financially viable proposition for a DES provider by increasing registrations and employment outcomes* |
|  |
| Referring to the USEP consultant position description, please describe how you will ensure that a suitably skilled consultant will be selected (200 words) |
|  |
| Please outline your proposed commitment to servicing an initial USEP agreement period of at least 12 months (with option to renew) (limit 200 words) *<University to insert specifics relevant to the local partnership e.g. days per week/campus locations/team alignment/reporting expectations>* |
|  |
| Any additional supporting information e.g. testimonials, performance data or ratings, other? (limit 300 words) |
|  |

For questions and to submit your EOI, please contact:

Name:

Position:

Email:

Phone:

Name:

Position:

Email:

Phone:

or

Thank you,

<Name>

### DEADLINE FOR EOI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_