WorkSafe 2026-27 Grant Funding Round - Worker Consultation

* indicates a required field

Introduction

WorkSafe's Grant Funding Round will deliver initiatives that improve health and safety outcomes via **Worker Consultation.**

- Applications for the WorkSafe 2026-27 Grant Funding Round will be accepted for projects seeking up to $300,000 over three years.
- The funding period will last no more than three (3) years, starting from the date that the Funding Agreement is executed.

Submitting your application

Before completing this application form, please read the WorkSafe Grant Program Guidelines on the WorkSafe website.

This application form must be submitted via SmartyGrants **before 11.59pm on Sunday 6 September 2026.**

Please allow enough time to review and submit your application before the closing time. SmartyGrants will not allow you to submit your form until any errors or missed responses are corrected/completed.

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

You will see an on-screen confirmation message when the application has been successfully submitted. Please also check you receive the confirmation email with the time and date stamped PDF copy of your application.

Mandatory Questions All questions marked with an asterisk (*) are mandatory, and you will not be able to submit your application until a response is provided.

Contact

For any questions relating to the 2026-27 WorkSafe Grants please email the WorkSafe Grants Officer - grants@worksafe.vic.gov.au

Please note WorkSafe can only provide general information and advice on completing your application.

To maintain the fairness and integrity of the application process, applicants cannot be offered individual support or help with their applications.

Privacy Notice

WorkSafe Victoria is a body corporate established under Victorian workers compensation legislation.

Our functions and responsibilities require us to collect and handle large amounts of personal and health information about individuals, including injured workers, our employees and other persons, including contracted service providers, who assist us in the work that we do.

We are committed to the protection of your privacy and in our handling of personal and health information. In accordance with Victorian privacy laws and principles, we are required to take reasonable steps to let people know the sort of information we hold; the purposes for which we collect it; and, how we collect, hold, use and disclose that information.

This Privacy Statement explains our policy for handling personal information which you may provide to us when you access and interact with our website. This Statement should be read in conjunction with WorkSafe's Privacy Policy, which sets out why and how we collect, use, disclose, store and handle personal and health information.

To access and download WorkSafe's Privacy Policy click here.

SmartyGrants

For information about how SmartyGrants collects, handles and stores information within your Application, Applicants can contact Smartygrants on (03) 9320 6888 or via email service@smartygrants.com.au. A copy of Smartygrants Privacy Policy can be found here.

Before you apply

As the Victorian State election will be held on Saturday 28 November 2026, the Victorian Government will assume a caretaker role from 6.00pm on 3 November 2026 until such time that either it becomes clear that the incumbent government will be returned, or when a new government is commissioned.

In line with the caretaker conventions, the incoming government will determine whether to proceed with this grant process and award the grants after the caretaker period.

Applicants should be aware that:

- all information about this grant process represents the position of the current government only, and is subject to change
- the incoming government may decide to not proceed with this grant process.

I confirm I have read and understood the statement above *

☐ Yes ☐ No

Eligibility

* indicates a required field

Is your project eligible?

This section of the application form is designed to help you, and us, understand if you are eligible for a grant.

If your project meets the eligibility criteria, you will be able to proceed with the application.

I confirm that;

I have read and understand the Program Guidelines *
○ Yes ○ No
https://www.worksafe.vic.gov.au/resources/worksafe-grants-program-guidelines

The applicant organisation has an ABN *
○ Yes ○ No

I am able to demonstrate alignment of the project to the priorities of WorkSafe's Grant Program *
○ Yes ○ No

The project will target Worker Consultation *
○ Yes ○ No

The project will target Victorian workplaces or impact the health, safety and wellbeing of Victorian workers *
○ Yes ○ No

The project does not seek funding for capital works, commercial activities, operational expenses that should be covered by the workplace *
○ Yes ○ No

The organisation is not required to provide any outstanding reports to WorkSafe or return any funding to WorkSafe as a result of previous WorkSafe funding or grants *
○ Yes ○ No

The organisation shall maintain or obtain the appropriate type and level of insurance(s) for the activities that are the subject of this grant application. *
○ Yes ○ No

The project does not include any other activities noted in the 'exclusions' in the WorkSafe Grant Guidelines *
○ Yes ○ No

Applicants must download and read WorkSafe's standard funding agreement prior to submitting an application.

I confirm I have read WorkSafe's standard funding agreement terms and conditions. *
○ Yes ○ No

Contact Details

* indicates a required field

Organisation Details

Name of organisation *
Organisation Name

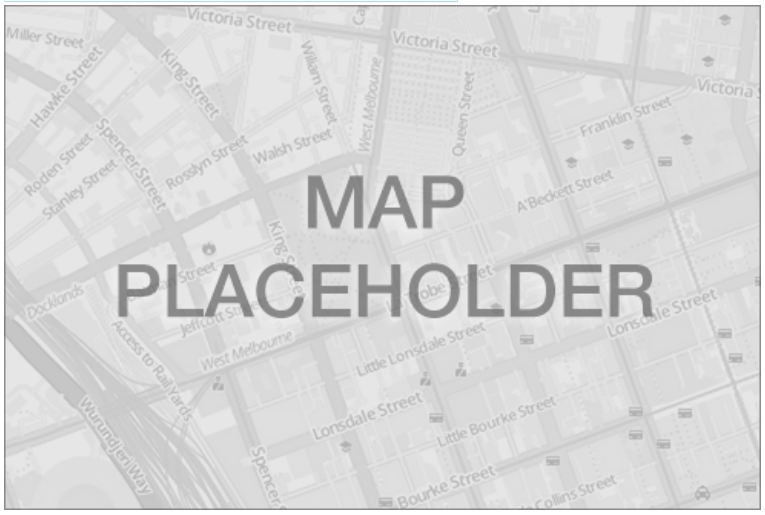
Please use your organisation's registered business name.

Department / Branch / Faculty

Use this field only if relevant

Primary Address *

Address



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

Postal Address (if difference to above)

Address

Applicant website

Must be a URL

Applicant 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.

What is the best description of your organisation/group *
- ○ Private Enterprise
- ○ Charity / Not For Profit
- ○ Union Group / Peak Body / Employer Association
- ○ Other:

If other is selected, please provide description

What is your organisation's purpose or mission? *

Word count:
Must be no more than 200 words.

Number of Employees

Must be a number.

Primary Contact Details

Primary contact person *
First Name Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Phone Number *

Must be an Australian phone number.

Email address *

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

Please upload Public Liability and Professional Indemnity insurance certificates of currency *
Attach a file:

Alternate Contact Details

Name
First Name Last Name

Position held in organisation

Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Project Details

* indicates a required field

Project title: *

Provide a name for your project/program/initiative. Your title should be short but descriptive and reflect the purpose of your proposal. This may be used in future to refer to the project if successful.

Anticipated Project Duration (in months) *

Must be a number.
If unknown, provide an estimate.

Project Overview

Please provide a short summary of your initiative *

Word count:
Must be no more than 200 words.

Be descriptive, but succinct. Include a brief summary of who this project is for, what you will do (i.e. the activities you will perform), what is the expected outcome from your activities.

Please specify what industry your initiative will target? *

- ☐ Agriculture
- ☐ Forestry and Logging
- ☐ Mining
- ☐ Manufacturing
- ☐ Electricity, Gas, Water and Waste Services
- ☐ Construction
- ☐ Wholesale Trade
- ☐ Retail Trade
- ☐ Accommodation and Food Services
- ☐ Transport, Postal and Warehousing
- ☐ Information and Telecommunications
- ☐ Financial and Insurance Services
- ☐ Real Estate Services
- ☐ Professional, Scientific and Technical Services
- ☐ Administrative and Support Services
- ☐ Public Administration and Safety
- ☐ Education and Training
- ☐ Healthcare and Social Assistance
- ☐ Arts and Recreation Services
- ☐ Other:

Detailed Project Description

Describe the problem, issue or opportunity you seek to address through this initiative. *

Word count:
Must be no more than 200 words.
Highlight the rationale for why this needs to be addressed and provide any contributing evidence.

Please attach any evidence to support why this needs to be addressed
Attach a file:

Please summarise the approach you intend to take to address this and why. *

Word count:
Must be no more than 200 words.
Highlight the rationale for the intended approach and why this would work.

Please attach any evidence to support why your approach would work
Attach a file:

What are the results you expect to see from this initiative? *

Word count:
Must be no more than 300 words.

How will you evaluate the impact of your initiative? *

Word count:
Must be no more than 200 words.
How will you know if the intended result from the project has been achieved?

How will you share project learnings and improvements across the industry to support wider impact? *

Word count:
Must be no more than 200 words.

Partners

Please detail the workplaces, organisations and/or experts you will engage and partner with during the project. *

Collaborations and partnerships that combine expertise, knowledge and resources are strongly encouraged in the development and implementation of your project.

Please attach any supporting letters or documents to indicate support from proposed partners
Attach a file:

Alignment to Funding Principles

Please describe how your initiative aligns to the funding principles outlined in the WorkSafe 2025/26 Grant Guidelines.

- Reducing workplace harm
- Creating systems level change
- Encouraging innovation
- Working in partnership
- Working with experts
- Sustainability beyond the funding

- Evidence of implementation and evaluation

Reducing workplace harm *

Word count:
Must be no more than 100 words.

Creating systems level change *

Word count:
Must be no more than 100 words.

Encouraging innovation *

Word count:
Must be no more than 100 words.

Working in partnership *

Word count:
Must be no more than 100 words.

Working with experts *

Word count:
Must be no more than 100 words.

Sustainability *

Word count:
Explain your plan to sustain the project's benefits beyond the funding period.

Evidence of implementation and evaluation *

Word count:
Must be no more than 100 words.

Project Milestones

What are the major steps / stages (i.e. milestones) involved in delivering your initiative?

*** Please note that these milestones will be used to determine agreed deliverables in successful funding agreements. Please use as much detail as possible.**

Milestone	Required Actions	Timeframe	Notes
One per row. e.g. Planning; recruitment; evaluation. Add more rows to list additional milestones.	Explain the steps of the project to achieve these milestones.	Outline your best estimate for time required to complete this milestone.	Add notes if you need to provide more context.

Outcomes

Please tell us about the outcomes you expect to result from your project. Outcomes are the changes you expect to occur for the beneficiaries of your project. Generally, outcomes can be framed as an increase or decrease in one or more of the following:

- **Immediate:** Skills, knowledge, confidence, aspiration, motivation
- **Medium-term:** Actions, behaviour, change in policy
- **Long-term:** Social, financial, environmental, physical conditions

Anticipated outcomes	Timeframe	Indicator	Milestone
What changes do you expect will occur as a result of your project. Please be brief. One per row.	When do you expect this outcome to occur?	How will you measure if you achieved this outcome?	Which milestone/s you listed in the previous table will contribute to this outcome?

Governance

Tell us about your organisation’s experience delivering projects like this, and how you will make sure the right people and resources are in place to support it. Include the relevant skills and experience of the personnel who will deliver the project. *

Word count:
Must be no more than 300 words.

Please describe governance structures that will be in place to oversee and support the initiative. *

Word count:
Must be no more than 250 words.
Such as leadership, any steering or advisory committees, decision-making processes, and how approvals or issues will be escalated.

Please describe any risks you think might affect the delivery of the project, along with the strategies you will implement to mitigate these risks. *

Word count:
Must be no more than 300 words.

Upload your organisational chart and incorporation details
Attach a file:

Please upload any business or implementation plans to support the initiative
Attach a file:

Budget

* indicates a required field

Total Grant Funding Amount Requested excl GST *

$
What is the total financial support you are requesting in this application?

Total Project Cost excl GST *

$
What is the total budgeted cost of your project?

Budget (GST exclusive)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Income should include any additional funding for this project. Examples of expenses could include 'venue hire, training facilities, printed training material and manuals'.

Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly.

Income Description	Confirmed Funding?	Income Amount ($) excl GST	Notes
		$	
		$	

Expenditure Description e.g. - equipment, salary, evaluation costs	Expenditure Type	Expenditure Amount ($) excl GST	Notes
		$	
		$	
1 line per item. This information is essential in order to assess your application, please be as descriptive as possible.			

Budget Totals

Total Income Amount *
$
This number/amount is calculated.

Total Expenditure Amount *
$
This number/amount is calculated.

Balance *
This number/amount is calculated.
Amount must balance. Total income must equal total expenditure

Please attach quotes for those expenditure (cost) items over $5,000
Attach a file:
Please attach as many quotes as possible to justify your budget

Certification

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (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 are true 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 letter of approval.

I agree *
○ Yes ○ No

I confirm that I have read the Collection Notice and that where I provide information about another individual they: *
☐ have authorised me to provide this information and have been given WorkSafe's contact details; and
☐ are aware that I have collected the information in accordance with the Privacy and Data Protection Act 2014 (Vic)

Name of authorised person *
Title First Name Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

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 *

Date *

Thank you for your application.

Don't forget to click submit and ensure all mandatory sections are complete.