**Queensland Hub Exchange of Expertise and Learning Initiative –**

**Expression of Interest (EOI) questions**

**PLEASE NOTE:** This Word document provides you with a preview of the online version to support your preparation. We recommend you complete it in advance in this template, then copy and paste your responses into the [online EOI form](http://www.surveymonkey.com/r/96YT9HN). When you reach the end of the online form, you can request to receive a copy of your responses via email.

This Word document is to be used in conjunction with information provided on the Queensland Hubs Exchange of Expertise and Learning – EOI page at www.tqkp.org.au/hubs-learning.

If you have any problems completing this form, please contact Sophie Morson on 0411 374 664 or email sophie.morson@aracy.org.au

**Applicant and Hub Details**

1. Please list the contact person for this application:

• Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 • Position title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 • Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 • Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Please provide details of your hub (or organisation if your hub is in establishment). If a question doesn’t apply, please write N/A:

• Residential address of the hub: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 • Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 • Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 • ABN of the hub/organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 • Have you registered for GST (Y/N): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 • Hub website domain (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 • Year hub was established (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 • Number of staff directly employed by hub (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 • Number of volunteers engaged in the hub (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please tick the option/s that best describe your hub and setting (if your hub is developing or in planning tick as appropriate):

☐ School-based Hub  
 ☐ Early Years Place  
 ☐ Neighbourhood Centre  
 ☐ Library  
 ☐ Community hub  
 ☐ Early childhood education and care  
 ☐ Aboriginal community-controlled organisation

☐ Community/Non-Government  
 ☐ Primary School  
 ☐ Primary Care  
 ☐ Virtual/e-hub  
 ☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 ☐ None of the above

4. Is your hub?

☐ Established ☐ Under development ☐ In planning stage

5. Please tick your primary funding source for your hub operation (please tick only one):

☐ Queensland Government  
 ☐ Federal Government  
 ☐ Philanthropy  
 ☐ Local Government  
 ☐ Currently unfunded  
 ☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. What sort of support/s are offered by your hub? (Please tick as many as relevant):

☐ Formal early learning services (e.g. daycare, kindergarten)  
 ☐ Playgroup/s  
 ☐ Child health service/s  
 ☐ Maternal/paternal health service  
 ☐ Vocational training/skill-building for parents and carers  
 ☐ Literacy classes  
 ☐ Community pantry  
 ☐ Parenting support  
 ☐ Adult literacy classes  
 ☐ Legal assistance  
 ☐ Domestic and family violence support  
 ☐ Counselling  
 ☐ Practical life skills classes (e.g. budgeting, cooking)  
 ☐ Special interest groups (e.g. crafts, creative writing)  
 ☐ Disability support (e.g. NDIS)  
 ☐ Cultural connections  
 ☐ Assistance with accessing available supports (e.g. through a community connector/linker)  
 ☐ Groups focused on building early childhood literacy (e.g. First Five Forever)  
 ☐ Access to resources and community information  
 ☐ Social groups not covered by the above options  
 ☐ Emergency relief (e.g. vouchers)  
 ☐ Access to Centrelink services  
 ☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Does your hub primarily support one of the following groups? (please only tick one):

☐ Aboriginal and/or Torres Strait Islander children and families  
 ☐ Children and families from a culturally and linguistically diverse background  
 ☐ Other group of children and families (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 ☐ No specific target group of children and families (beyond those in our particular catchment area)

**Application Details**

8. Which activity/ies are you applying for? (Please tick all that apply):

☐ Capability – Immersion  
 ☐ Capability – Accessing  
 ☐ Capability – Delivering  
 ☐ Innovation – Participating

9. Four Underpinning Practices – Queensland Child and Family Hubs Framework  
Please indicate (by ticking all that apply) which of the following underpinnings your hub/organisation would like to improve in as a result of your application. (For a description of the principles, please see pages 18 - 23, [Document 1](https://23226159.fs1.hubspotusercontent-ap1.net/hubfs/23226159/TQKP%20Child%20and%20Family%20Hubs/Child%20&%20Family%20Hubs%20Framework_Document%201.pdf) of the Framework).

Each row needs to have at least one option ticked. If you are not interested in applying for any underpinning practices listed, please tick *None* for all rows.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | First Nations Wisdom | Interconnected wellbeing | System levers | Participatory approaches | None |
| Capability – Immersion |  |  |  |  |  |
| Capability – Accessing |  |  |  |  |  |
| Capability – Delivering |  |  |  |  |  |
| Innovation - Participating |  |  |  |  |  |

10. **Six Principles** – Queensland Child and Family Hubs Framework  
Please indicate (by ticking all that apply) which of the following principles your hub/organisation would like to improve in as a result of your application. (For a description of the principles, please see pages 24 - 27, [Document 1](https://23226159.fs1.hubspotusercontent-ap1.net/hubfs/23226159/TQKP%20Child%20and%20Family%20Hubs/Child%20&%20Family%20Hubs%20Framework_Document%201.pdf) of the Framework).  
Each row needs to have at least one option ticked. If you are not interested in applying for any principles listed, please tick *None* for all rows.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Child, family and community-centred | Culturally-responsive | Relational, holistic and strengths-based | Neuro-informed | None |
| Capability – Immersion |  |  |  |  |  |
| Capability – Accessing |  |  |  |  |  |
| Capability – Delivering |  |  |  |  |  |
| Innovation – Participating |  |  |  |  |  |

11. **Ten Elements** – Queensland Child and Family Hubs Framework  
Please indicate (by ticking all that apply) which of the following elements your hub/organisation/group would like to improve in as a result of your application. (For a description of the elements, please see pages 24 - 27, [Document 2](https://23226159.fs1.hubspotusercontent-ap1.net/hubfs/23226159/TQKP%20Child%20and%20Family%20Hubs/Child%20&%20Family%20Hubs%20Framework_Document%202.pdf) of the Framework).

Each row needs to have at least one option ticked. If you are not interested in applying for any elements listed, please tick *None* for all rows. They are written out in full below the table for ease of reading.

In the online form, please **scroll** across the page so that you can view all 10 elements in your response.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | None |
| Capability – Immersion |  |  |  |  |  |  |  |  |  |  |  |
| Capability – Accessing |  |  |  |  |  |  |  |  |  |  |  |
| Capability – Delivering |  |  |  |  |  |  |  |  |  |  |  |
| Innovation – Participating |  |  |  |  |  |  |  |  |  |  |  |

1.Partnership management and development

2. Leadership & governance

3. Strategy and planning

4. Relationship to the local community

5. Soft and hard infrastructure

6. Shared knowledge, skills, frames, tools & processes

7. Service and program mix

8. Recruitment, support & professional development

of staff

9. Funding

10. Data collection, evaluation & reporting

**Please note**: In the remaining questions, you will be asked to indicate whether you are applying for each of the four offerings. If you tick no in the online version, this will bypass the questions related to that opportunity and take you to the next one until you have worked through each of the four opportunities in turn. Unless you are applying for an opportunity, you will not need to prepare responses relating to it.

**Opportunity 1: Capability – Immersion**

1. Are you applying for an immersion opportunity? ☐ Yes ☐ No

2. Which hub/s are you planning to visit? (Name, organisation, location): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is the host hub/s

☐ aware of this application ☐ willing to host you? *(Note: both need to be ticked to proceed)*

4. Where does your immersion involve travel to? ☐ Regional ☐ Remote ☐ Both ☐ Neither

5. Which month are you planning to undertake your visit/s?

☐ January 2026 ☐ February 2026 ☐ March 2026 ☐ April 2026 ☐ May 2026

6. **Please complete and upload the** [**Immersion budget template, available here**](https://tqkp.org.au/wp-content/uploads/2025/10/Immersion-budget-template-QHEEL.docx)**.**

7. What benefits/outcomes do you want to achieve? (tick any):  
☐ Increased capabilities ☐ Productive engagement ☐ Practice learning and change

8. Please describe how taking part in an immersion will help achieve this desired outcome. (Maximum 200 words):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Opportunity 2: Capability – Accessing**

1. Are you applying to access capability? ☐ Yes ☐ No

2. How would you like to access capability-building? (tick all that apply):

☐ Peer mentoring  
 ☐ Coaching  
 ☐ Training/professional development  
 ☐ Community of practice  
 ☐ Other

3. Are you seeking capability-building for a group of hubs or region? (If yes, list them) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What outcomes do you want to achieve? (tick any that apply):

☐ Increased capabilities ☐ Productive engagement ☐ Practice learning and change

3. Please describe how accessing capability will help achieve this desired outcome. (Maximum 200 words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Please explain how the learnings will be used in your hub/organisation/group. (Maximum 200 words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Opportunity 3: Capability – Delivering**

1. Are you applying to deliver capability? ☐ Yes ☐ No

2. What benefits/outcomes do you want to achieve by increasing capability of others? (tick any that apply):  
☐ Increased capabilities ☐ Productive engagement ☐ Practice learning and change

3. Please describe how delivering capability will help achieve this desired outcome. (Maximum 200 words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Are you delivering capability for a group of hubs or in a geographical region? (If yes, list them) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Please tick formats you would like to use:

☐ Peer mentoring  
 ☐ Coaching  
 ☐ Training/professional development  
 ☐ Community of practice  
 ☐ Other

6. Please describe your hub’s expertise in the areas of the framework ticked. (Maximum 200 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Please describe your hub’s ability to share expertise with others (e.g. partnerships, service capacity, training provider). (Maximum 200 words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. If providing existing training/professional development packages, provide details (website, evidence base). (Maximum 200 words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please upload completed** [**Delivering Capability budget template, available here**](https://tqkp.org.au/wp-content/uploads/2025/10/Capability-delivery-budget-template-QHEEL.docx).

**Opportunity 4: Innovation Group/s**

1. Are you applying to participate in an innovation group? ☐ Yes ☐ No

2. Please describe the specific challenge/s you are seeking to solve or innovate related to the framework. (Maximum 200 words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What benefits/outcomes do you want to achieve by participating in an innovation group/s? (tick any that apply) ☐ Increased capabilities ☐ Productive engagement ☐ Practice learning and change

4. Please describe how participating in an innovation group/s will help achieve this desired outcome. (Maximum 200 words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Describe your hub’s willingness and ability to contribute to an innovation group. (Maximum 200 words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Describe how learnings will be tested in your hub/organisation/group. (Maximum 200 words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

Please tick to confirm:

☐ I have read and understand the information about this initiative and the requirement to contribute to evaluation activities.  
 ☐ I understand only complete applications will be considered.  
 ☐ I have sought internal approval to submit this application.  
 ☐ I am authorised to complete this application.  
 ☐ I have read and understand the [Privacy Policy](https://tqkp.org.au/privacy-policy-2/) of ARACY.  
 ☐ I understand that information in this application will be shared with the selection panel.  
 ☐ I confirm the information provided is correct.