



Trainers Application Form

Trainer Qualification/s being sought: _____

Company Name (if applicable) _____

Personal Details

Surname: _____ First Name: _____

Spouses Name: _____

Address: _____ Suburb: _____

State: _____ Postcode: _____

Postal Address: _____ Suburb: _____

State: _____ Postcode: _____

Phone: _____ Fax: _____ Mobile: _____

E-mail Address: _____ Date of Birth: _____

Employment and Training details

Current Employer and Position:

Past Work and / or Trainer experience:

Supply details of qualifications and current competencies for each field of trainer being sought:

Example: Ambulance Training, Current first aid certificate, Nursing certificate, OH&S Certificates, etc:

Education and Training Qualifications:

COPY OF WORKPLACE TRAINING AND ASSESSING IV CERTIFICATE TO BE ATTACHED:

Names and Phone numbers of two professional referees in support of my application to become an Instructor:

1. _____

2. _____

Please read the following carefully and authorise:

I certify that the information I have supplied is accurate and I authorise "H & A Training and Supplies" or its agents to make any necessary enquiries regarding becoming an Accredited Trainer. If engaged by H & A Training and Supplies, I agree to follow their instructions and systems and to make all/any payments promptly. I understand that failure to follow H & A Training and Supplies procedures and manuals may result in forfeiture of my Trainer status

Signed: _____

Date: _____

Once accepted as a Trainer all original certificates (plus a copy) of qualifications must be sighted at your induction.

Please post to:

Training Manager
H & A Training and Supplies
PO Box 2085
Elernmore Vale 2287
Ph: 02 49558084