



Partnership Application

Legal Name _____

Trading Name _____

Is the third party an Australian Business yes / no

ABN

ACN

RTO Code

Contact details

Title

Given Names

Surname

Phone

Mobile

Email

Training facility _____

Location _____

Onsite Yes / No

Please read the following carefully and authorise:

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

Signed: _____

Date: _____



H&A Training

ABN 66612948197
PO Box 2085,
Elmore Vale 2287
Ph: 02 4955 8084
firstaid@hatraining.com
www.hatraining.com
RTO Number: 90871

Trainers Application Form

Company Name (if applicable) _____

Personal Details

Mr Mrs Miss Other

Given name: _____ Middle Name: _____

Surname: _____

Residential Address: _____ Suburb: _____

Postal Address: *if different from above* _____

Suburb: _____ Postcode _____

Contact Phone: _____ DOB: _____ / _____ / _____ Male / Female

Email: _____

Employment and Training details

Current competencies relating to First Aid:

Are you currently a First Aid Officer at work? Yes / No (evidence to be attached)

1. _____
2. _____
3. _____

Current Employer and Position:

Training experience:
1. _____
2. _____
3. _____



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Education and Training Qualifications:

COPY OF CERTIFICATE IV IN TRAINING AND ASSESMENT IS TO BE ATTACHED:

Names and Phone numbers of two professional referees in support of my application to become a trainer:

1. _____
2. _____

Working with Children Check _____

***COPY OF CERTIFIED SUPPORTING DOCUMENTS, CERTIFICATES AND RESUME
TO BE ATTACHED TO THIS FORM:***

Please read the following carefully and authorise:

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

Signed: _____

Date: _____

Office use only

Referees checked Yes / no



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Questions		Yes	No
1	Have you ever been convicted of an offence against a law of the commonwealth or of a state or territory of Australia or a parliament of another country??		
2	Have you ever been disqualified from managing corporations under part 2D.6 of the Corporations Act 2001(Cth)?		
3	Have you ever been an executive officer of high managerial agent of an organisation at a time when its actions resulted in it being found to have breached a condition imposed on its registration or resulted in its registration being cancelled or suspended in part or in full: <ul style="list-style-type: none"> I. As a registered training organisation or; II. As a higher education provider or; III. As a registered provider under the Education Services for Overseas Students Act 2000 (Cth)? 		
4	Have you ever been involved in the delivery of courses or other services by a registered training organisation at a time when its actions resulted in it being the subject of regulatory action?		
5	Have you ever been involved in the delivery of courses or other services for an organisation operating under an arrangement with registered training organisation when the registered training organisation was the subject of regulatory action?		
6	Have you ever provided false or misleading information or made a false or misleading statement to: <ul style="list-style-type: none"> I. A regulatory authority (or delegate) of a registered training organisation; or II. A regulatory authority (or delegate) of higher education providers; or III. A regulatory authority (or delegate) of registered providers under the Education Services for Overseas Students Act 2000 (Cth) 		
7	Do you consider there to be any doubt about whether the public is likely to have confidence in your ability to provide, assess or deliver recognised qualifications?		

If you answered yes to any of the questions above, you must provide further details. Add pages as required.

Question answered yes:	
Year event occurred:	
Details:	
Question answered yes:	
Year event occurred:	
Details:	



Staff Matrix Trainer & Assessor Profile

Verification of qualifications and experience

Section 1 – Personal Details:

First Name	
Last Name	
Contact Details:	
Email:	
Training Product/s What the Trainer/Assessor will deliver and/or assess	
Code	Title
Declaration:	
I declare that the information provided on this Trainer / Assessor profile is true and correct. I have provided certified copies of all qualifications, statements of attainment, transcripts and records of results that have been listed on this profile. I give permission for H & A Training to verify the validity of my certifications in accordance with the Standards for Registered Training Organisation's 2015.	
Signature	
Date	



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Section 2 – Training and Assessment Competence:

<i>Insert qualification title, provider and year obtained</i>			Manager to Complete Verification of Qualification			Copy on file
Training and Assessment Qualifications	RTO Name	Certificate Issue Date	Method of Verification	Signature	Date	
TAE40110 Certificate IV in Training and Assessment						<input type="checkbox"/>
Diploma related to adult education						<input type="checkbox"/>
Higher qualification in adult education						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

* Trainers working under supervision must hold, at a minimum, one of the three skill sets listed prior to delivering any training.

* Qualifications are to be verified, as per the policy and procedure within the Quality & Compliance Manual under Standard 1.13.

RTO – Called RTO that issued certificate to verify directly

TGA – Looked up RTO on TGA to ensure that qualification was on scope of registration at time of issue

REF – Called previous employer or referee to verify currency within industry

USI – Verified on usi.gov.au



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Section 3 – Vocational Competence:

Vocational Qualifications	RTO Name	Certificate Issue Date	Verification of Qualification*			Copy on file
			Method of Verification	Signature	Date	
Example: <i>CHC30113 Certificate III in Early Childhood Education and Care</i>	<i>International Child Care College</i>	<i>June 2013</i>				<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

* Qualifications are to be verified, as per the policy and procedure within the Quality & Compliance Manual under Standard 1.13.

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Section 4 – Industry Skills, Knowledge and Experience

Unit Code	Unit Title	Relevant Experience	Relevant Qualifications and Units of Competency held
<i>Example CHCECE003</i>	<i>Provide care for children</i>	<i>ABC Child Care Centre / JUN 2011 to DEC 2016 / Educator / Responsible for supervising children aged between 0-6 years in a variety of roles, including planning daily activities for the 2-3-year-old room, changing nappies, planning food activities, supervising chi. During my employment I was also responsible for assisting with our Quality Audit for accreditation under ACECQA</i>	<i>CHC30113 Certificate III in Early Childhood Education and Care / 2013 / International Child Care College</i>