



Third Party Provider Application

Legal Name _____

Trading Name _____

Is the third party an Australian Business Yes / No

ABN

ACN

RTO Code If applicable

Contact details

Title

Given Names

Surname

Phone

Mobile

Email

Training facility _____

Location _____

Onsite

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: _____



Trainers Application Form

Personal Details

Mr Mrs Miss Other

Given name:

Surname:

Residential Address:

Postal Address: *if different from above*

Suburb:

Postcode

Contact Phone:

DOB:

Email:

Employment and Training details

Current Employer and Position:

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

1. _____

2. _____

Working with Children Check Number: _____

Working with Children Check Expiry Date: _____



H&A Training

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

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 it registration being cancelled or suspended in part or in full: 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: 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:	
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	

COPY OF CERTIFIED SUPPORTING DOCUMENTS, TO BE ATTACHED TO THIS FORM

- Certificates***
- Resume***
- Letter verifying Industry Currency***

Section 2 – Training and Assessment Competence:

<i>Insert qualification title, provider and year obtained</i>		
Training and Assessment Qualifications <i>Example: Certificate IV in Training and Assessment</i>	RTO Name	Certificate Issue Date

Section 3 – Vocational Competence:

Vocational Qualifications <i>Example: HLTAID011 Provide First Aid</i>		RTO Name	Certificate Issue Date

Section 4 – Industry Skills, Knowledge and Experience:

Description <i>First Aid office / Paramedic / Nurse</i>	Company

Section 5 – Training experience:

Company	Course delivered