

FORM B

THIRD PARTY ARRANGEMENT 2020-2021

This form is to be completed by applicants who plan on entering into a third party arrangement with a Registered Training Organisation. Please save the file as **Form B_Organisation** where 'Organisation Name' is an identifier for your organisation. Please email this Form to CITB at citb@citb.org.au.

THIRD PARTY ARRANGEMENTS

This section provides details of any third party arrangements. Please list all courses to be delivered under the third party arrangement, using a separate Form B for each provider. **The CITB Endorsed Training Provider must accept responsibility for all quality assurance and ASQA requirements outlined in the Standards for RTO's 2015.**

CITB Endorsed Training Provider: _____

Third Party Organisation: _____

Course	Service ID	Nominal Hours	Comments

As agreed by: (both parties to sign and date)

Signed:

Signed:

CITB Endorsed Training Provider

Third Party Training Organisation

Organisation Name: _____

Organisation Name: _____

Date: _____

Date: _____