

FORM A

TRAINING PROVIDER DETAILS

Please enter the ATP Year e.g. 2021-22

This form is to be completed once by each Training Provider applicant. Please save the file as **Form A Organisation name** where 'Organisation name' is an identifier for your organisation. Please email this Form to the CITB at citb@citb.org.au

ORGANISATION CONTACT DETAILS (Please complete all contact details)			
Organisation Name			
Street address			
Suburb		Postcode	
Postal address (If different from above)			
Organisation website address			
Primary contact person			
Primary contact position title			
Primary contact telephone		Mobile	
Primary contact email			
Secondary contact person			
Secondary contact title			
Secondary contact telephone		Mobile	
Secondary contact email			

REGISTRATION DETAILS			
RTO National Code			
	Please ensure you attach evidence of RTO Provider Registration & Scope		
Is your Organisation Quality Assured? (eg ISO9001 certification)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Registered with: <input type="checkbox"/> AQTF <input type="checkbox"/> ASQA
Is the organisation registered for GST?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ABN			

SUMMARY OF SHORT COURSES APPLYING FOR

Service ID	Short course title	Total training places

DECLARATION

I,
(Name)

ON BEHALF OF
(Organisation's name)

DECLARE that the above information is true and correct.

SIGNATURE:

DATE:

FOR CITB ADMINISTRATION ONLY

Acknowledgment letter sent / emailed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Site visit arranged	<input type="checkbox"/> Yes	Date:	<input type="checkbox"/> No
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