

# FORM B

## THIRD PARTY ARRANGEMENT

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](mailto: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: \_\_\_\_\_