**BQ7.1.2**

**Training Partnership Application Form**

**Submitting this form**

Thank you for your interest in establishing a partnership with us. This application form will help us determine your suitability and assess the needs of both parties moving forward.

Please return the completed form to the Compliance Manager - compliance@nationalfirstaid.com.au

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| **Contact person** |
| Contact name |       | Position |       |
| Phone |       | Mobile |       |
| Email |       |
| Website |       |
| **Details of company or organisation** |
| Company name |       |
| ACN number |       | ABN number |       |
| Business address | Street address |       |
| Suburb/town |       | Postcode |       |
| Is this company a registered training organisation? | [ ]  Yes | [ ]  No | If yes, what is your RTO ID? |       |
| **About your organisation** |
| **Please tell us about your organisation and why you are interested in partnering with National First Aid?** |
|       |
| **Units of Competency / Accredited Course**  |
| **Which units of competency or accredited courses do you wish to partner for? Please also indicate anticipated numbers of enrolments in each course/unit per annum.** |
| Code | Name | State of Delivery | Training and/or Assessment? | Approx. number of students per annum |
|       |       |       |       |       |
|       |       |       |       |       |
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| **Partnership needs and expectations** |
| **Please describe the facilities and equipment you have available.** |
|       |
| **What is your target market?** |
|       |
| **What support do you expect from National First Aid during the partnership?** |
|       |
| **Please provide information on any other partnership arrangements you have with other RTOs.** |
|       |
| **Specified Trainers and Assessors** |
| **Please list details of trainers and/or assessors who are available to deliver the units of competency and/or accredited course you have specified on page one.** |
| Full Name | Contact Number | Relevant Qualifications |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **Commencement of Partnership** |
| **When do you wish to commence this partnership?** |  |
| **Declaration** |
| I declare that to the best of my knowledge, the information on this form is correct and complete. |
| Signature |       | Full Name |       |
| Position |       | Date |       |

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| **OFFICE USE ONLY** |
| **ITEM** | **COMPLETED** | **DATE** | **COMMENTS** |
| Questions answered sufficiently | [ ]  Yes [ ]  No |       |       |
| ASIC check | [ ]  Yes [ ]  No |       |       |
| ABN check | [ ]  Yes [ ]  No |       |       |
| Website check – owner and company | [ ]  Yes [ ]  No |       |       |
| [www.training.gov.au](http://www.training.gov.au) check | [ ]  Yes [ ]  No [ ]  N/A |       |       |
| **Comments:**      |
| **MANAGEMENT APPROVAL** | **OUTCOME** | **REASON** |
| Recommendation | [ ]  Approve application[ ]  Deny application |       |
| Name or recommending officer |       |
| Signature of recommending officer |       |
| Position of recommending officer |       | Date |       |
| Managing Director approval | [ ]  Yes [ ]  No  |
| Managing Director signature |       | Date |       |