**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](mailto: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?** | | | | | | | | | | | | | | | |
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| **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 | |
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| **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 | | |  |