**Third Party** Application Checklist

* The completion of the following checklist will assist Trainwest in determining the suitability of entering into a third party arrangement with the enquiring organisation.
* All fields are compulsory.
* Please ensure completed checklist and additional documentation is returned to [partnerships@trainwest.com.au](mailto:partnerships@trainwest.com.au)

|  |  |
| --- | --- |
| **Training Partner Company Details** | |
| Company Name: |  |
| ABN: |  |
| ACN: |  |
| Postal Address: |  |
| Physical Address: |  |
| Website: |  |
| Contact Name: |  |
| Position: |  |
| Email: |  |
| Phone: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Intended Qualification /**  **Unit of Competency to be delivered** | **Proposed Delivery Locations** | **Target group & estimated volume** | **Course fees** | **Resources to be used** |
| *Eg; HLTAID003 Apply first aid* | *Client premises/hired training venues* | *Employees, public* | *$300 per learner* | *Annie Dolls, bandages, projector, laptop, etc* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Describe the learning and assessment resources you will be using?** | |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Proposed delivery personnel** | | | | | | |
| Complete this matrix for **all** nominated trainers/assessors, including those engaged by other organisations that will deliver training or assessment on the RTO's behalf, who are proposed to conduct training and/or assessment of each **new** (ie. Non-transition) qualification, accredited course, skill set or explicit unit of competency sought in the application. An example is provided. | | | | | | |
| **National Code of Qualification, Course or Unit of Competency** | **Trainer/ Assessor Name** | **Trainer (T), Assessor (A) or Both (TA)** | **Staff member of the RTO (R) or another Organisation (O)** | **Training & Assessment Qualifications** | **Vocational Qualifications & Licences** | **Vocational Experience  (including ongoing exposure and development to maintain currency of industry skills)** |
| *Eg; RII30909* | *Joe bloggs* | *TA* | *R* | *TAA40104 – ABC training 2008* | *Bcc30107 – xyz training 2004 cpccohs1001a - xyz training 2009* | *Bridge and road maintenance worker with brisbane city council 1998 - present* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **How will you be collecting student fees?** |
|  |
|  |
|  |
|  |
|  |



|  |
| --- |
| **Have you ever been bankrupt or gone into receivership? YES or NO** |
|  |
| **Have you ever worked in, owned or been in partnership with an RTO previously? YES or NO** |
|  |
| **What is your marketing strategy? How do you intend to advertise your training?** |
|  |
|  |
|  |
|  |
|  |

* It is a requirement of any third party arrangement with a Registered Training Organisation to provide evidence of Public Liability insurance. Please be advised that should this application progress, you will be required to provide copies of this insurance to Trainwest.

**Additional Comments:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |