

Application for Initial Registration

RTO1a INITIAL REGISTRATION

You need to complete this form if you are applying to become a registered training organisation (RTO) for the first time.

If you are applying to renew your registration, please complete [RTO1b Application for Renewal of Registration](#).

About this form

There are nine sections to this application form:

- Section 1 Type of Application
- Section 2 Applicant details
- Section 3 Details of legal entity's directors and other associates
- Section 4 Applicant and associate history
- Section 5 Details of scope of registration
- Section 6 Declaration by CEO
- Section 7 Evidence to support your application
- Section 8 Conflict of Interest
- Section 9 Total VET Activity Exemption
- Section 10 Fee Structure

Please read the [Initial or Renewal of Registration Application Guide](#) for information about each section of this form and assistance in completing this application. Download the latest version of the Guide from the Application Forms page of the TAC website at: www.tac.wa.gov.au. The Users Guide on the *Standards for Registered Training Organisations (RTOs) 2015* which is used to provide general guidance in interpreting the Standards is also available on the website.

The form must be completed and submitted as either a printed application or via email, together with the application fee. Applicants will be invoiced for the registration fee, depending on the number of industry areas in the application. Please note the application fee should be paid in the form of EFT or cheque (see Section 10).

Address all applications to:

Mail: Training Accreditation Council
PO Box 1766, OSBORNE PARK WA 6916

Email: tac@des.wa.gov.au

Hand Deliver: Level 9, 20 Walters Drive, Osborne Park, WA 6017

Registering Body Compliance

The Training Accreditation Council (the Council) must comply with the *Vocational Education and Training (General) Regulations 2009* and *Standards for VET Regulators 2015*. A copy of the Standards and Regulations is available from the TAC website at: www.tac.wa.gov.au

Information Sharing

Information collected by the Council is used for the primary purpose of the Council undertaking its functions outlined in the *Vocational Education and Training Act 1996*. The information collected may be provided to relevant government agencies for secondary purposes that are directly related to, or provide benefit to the Council's primary function of quality assuring vocational education and training in Western Australia.

SECTION 1 – TYPE OF APPLICATION**Registration as an RTO**

Application Type: Initial Registration – to be registered as an RTO for the first time

Delivery to overseas students

Do you intend to provide education services to overseas students studying in Western Australia on a student visa or deliver Nationally Recognised Training in States and Territories other than Western Australia and Victoria?

Yes No

If yes, TAC cannot accept your application and you will need to apply for registration with the national regulator, Australian Skills Quality Authority (ASQA)

SECTION 2 – APPLICANT DETAILS**2.1 - Name of legal entity applying for registration****2.2 - Type of legal entity**Corporation Government entity Incorporated association Partnership Sole trader Other (please specify) **2.3 – Registered business (trading) name(s)****2.4 - ACN****2.5 - ABN****2.6 – Type of training organisation****School**Government school Catholic school Independent school Australian technical college **STP**State Training Provider **Enterprise**Government enterprise Non-government enterprise **University**Government university Non-government Catholic university Non-government independent University **Other training provider**Private provider Professional association Industry association Equipment/product/manufacture/supplier Community based adult education provider Other – not classified elsewhere **2.7 – Head office of legal entity applying for registration**

Site name: _____

Street Address: _____

Postcode: _____

Postal Address: _____

Postcode: _____

Telephone: _____

Facsimile: _____

Email: _____

2.8 – Principal place of RTO business

Site name: _____

Street Address: _____
 _____ Postcode: _____

Postal Address: _____
 _____ Postcode: _____

Telephone: _____ Facsimile: _____

Email: _____

2.9 – RTO's permanent delivery sites

List permanent delivery sites in Western Australia and Overseas. *Copy and paste additional tables if required.*

Tick this box if additional information or a further list is attached.

Delivery site 1

Site name: _____

Street Address: _____
 _____ Postcode: _____

Telephone: _____ Facsimile: _____

Delivery site 2

Site name: _____

Street Address: _____
 _____ Postcode: _____

Telephone: _____ Facsimile: _____

Delivery site 3

Site name: _____

Street Address: _____
 _____ Postcode: _____

Telephone: _____ Facsimile: _____

2.10 – Chief Executive Officer /Legally Responsible Person (contact details will be publically available on TGA)

Title: _____ Surname: _____ Given Names: _____

Position: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email: _____

2.11 – TGA day to day public contact person (contact details will be publically available on TGA)

Title: _____ Surname: _____ Given Names: _____

Position: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email: _____

2.12 – Registration contact person (contact details will be publically available on TGA)

Title: _____ Surname: _____ Given Names: _____

Position: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email: _____

SECTION 3 - DETAILS OF LEGAL ENTITY'S DIRECTORS, OTHER ASSOCIATES AND SUBSTANTIAL SHAREHOLDERS

Copy and paste additional tables if required.

 Tick this box if additional information or a further list is attached.**Person 1**

Title: _____ Surname: _____ Given Names: _____

Position: _____

Street Address: _____

Postcode: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email: _____

Person 2

Title: _____ Surname: _____ Given Names: _____

Position: _____

Street Address: _____

Postcode: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email: _____

Person 3

Title: _____ Surname: _____ Given Names: _____

Position: _____

Street Address: _____

Postcode: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email: _____

SECTION 4- APPLICANT AND ASSOCIATE HISTORY**4.1 - Current registration in another State/Territory**

Is the applicant or any associate currently registered as an RTO, other than the RTO in this application, in any State or Territory?

Yes, the applicant is Yes, an associate is No, neither is **Current registration**

Legal name of RTO: _____

Trading name(s): _____

RTO number: _____ Period of registration: From: _____ To: _____

ACN _____ ABN _____

Chief Executive: _____

State or Territory where registration is held: _____

4.2- Former registration in another State/Territory

Has the applicant or any associate ever been registered as an RTO, other than the RTO in this application, in any State or Territory?

Yes, the applicant has been Yes, an associate has been No, neither has been

Details of former registration

Legal name of RTO: _____

Trading name(s): _____

RTO number: _____ Period of registration: From: _____ To: _____

ABN: _____ ABN _____

Chief Executive: _____

State or Territory where registration was held: _____

4.3- Pending applications in another State/Territory

Apart from this application, does the applicant or any associate have an application for registration currently lodged with any other registering body?

Yes, Name of registering body _____ No

Details of pending applications

Please provide further details of pending applications.

Name: _____

Address: _____

State: _____ Postcode: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Former name (if any) _____

Date of birth: _____ Place of birth (town state & country): _____

Is this the applicant or an associate (tick one): Applicant: Associate:

Provide details below: _____

4.4- Fit and proper

Does the applicant and all senior officers, directors, substantial shareholders or associates meet each of the relevant criteria specified in the Fit and Proper Person Requirements in Schedule 3 of the *Standards for Registered Training Organisations (RTOs) 2015* and *Vocational Education and Training (General) Regulations 2009*:

Yes: No:

If you answered "NO", please provide full details in an attachment to this application.

SECTION 5 – DETAILS OF SCOPE OF REGISTRATIONHow many students do you anticipate enrolling in the first year of business?

Does your organisation have in place, or anticipate having, partnership/subcontracting arrangements for some or all of the training and assessment delivery applied for?

Yes No **If you answered yes to this question, please include a completed [RTO3 Notification of Third Party Arrangement form](#), available from the TAC website.*

Does your organisation deliver/intend to deliver services to students under the age of 18?

Yes No

Does your organisation deliver/intend to deliver services offshore/overseas?

Yes No

Does your organisation intend to take fees in advance?

Yes No **if you have answered yes to this question, please identify which option for protection of fees you will use/are using.***Please refer to Clause 7.3 and Schedule 6 of the Standards for RTOs and the [Initial or Renewal of Registration Application Guide](#) for further information.*

Option:

- Under \$1500
- Government Entity or an Australian University
- Bank Guarantee
- Tuition Assurance Scheme (TAS)
- Any other fee protection measure approved by TAC

Specify your organisation's delivery sites. This information will then be used for the Training Product Delivery Profile below.

| Delivery Site Code | Site Name | Address |
|--------------------|-----------|---------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

Delivery method codes for each qualification/units of competence/accredited course is required for the Training Product Delivery Profile below.

| Delivery Method Code | Delivery Method | Delivery Method Code | Delivery Method |
|----------------------|----------------------------|----------------------|-------------------|
| FF | Face to face | FD | Flexible delivery |
| OL | Online | EX | External |
| CO | Correspondence | SS | Self study |
| ON | On the job | OF | Off the job |
| AT | Apprenticeship/Traineeship | | |

SECTION 6 - DECLARATION BY CEO

This declaration must be completed by the Chief Executive of the organisation applying for initial registration. If the legal entity applying is a person, that person must complete the declaration. The declaration is made as a formal undertaking to the Training Accreditation Council.

I, _____, Chief Executive Officer/Legally Responsible person
of _____

(Legal name to be
registered): _____

certify to the Training Accreditation Council that our organisation will operate in accordance with the *Vocational Education and Training Act 1996* and the *Standards for RTOs*.

I understand that the Training Accreditation Council may share information about this application and our organisation with other state and territory registering bodies and with other relevant agencies in accordance with the provisions of the *Vocational Education and Training Act 1996* and the requirements of the *Standards for VET Regulators*.

I understand that should this application for initial registration be successful, the organisation must be able to demonstrate compliance against the *Standards for RTOs*.

I understand that this application may be refused or cancelled if our organisation:

- fails to provide true and correct information of a material nature in this application; or
- fails to fulfil the undertakings made in this declaration.

Chief Executive's/Legally
Responsible signature: _____

Date: _____

Print name: _____

Witness's signature: _____

Date: _____

Print name: _____

Organisation: _____

SECTION 7 – EVIDENCE TO SUPPORT YOUR APPLICATION

This information will be used to establish your organisation's readiness for audit. Evidence to establish your organisation's compliance with the Standards across its full scope of registration will be reviewed at the audit. There is no set format as to how you should provide the information; it should be appropriate to the operations of your training organisation. Please provide copies only, if originals are supplied and you wish them to be returned please include a stamped self-addressed envelope.

In processing applications for registration with the Council, the Secretariat will first undertake an assessment of Fit and Proper requirements and Financial Viability. Once these requirements have been met, the application will then progress through the application process. Applicants should use the following checklist to ensure complete and accurate documentation is supplied, as **incomplete applications will be rejected by the Training Accreditation Council and all fees are non-refundable.**

| | | Applicant | Office Use Only |
|----|--|--|--|
| 7a | Comprehensive business plan that includes the organisation's: <ul style="list-style-type: none"> - Structure (e.g. organisational chart, terms of reference); - Intended objectives as an RTO; and - Proposed outcomes across its operations. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b | A self-assessment report of the applicant's compliance against Standards for RTOs. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c | A list of staff that will deliver and assess the delivery applied for Evidence that staff have appropriate training and assessment competencies Evidence that staff have appropriate vocational competencies | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 7d | Training and assessment strategies for all qualifications, units of competency and/or accredited courses applied for | <input type="checkbox"/> | <input type="checkbox"/> |
| 7e | A validation schedule for each qualification(s), unit(s) of competency or accredited course(s) applied for. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7f | <u>If application includes qualifications</u> Assessment instruments that relate to at least two industry specific units of competency for the highest level qualification in each industry area (include high risk units if applicable) and/or <u>If application includes units of competency</u> Assessment instruments for at least two units in each industry area (include high risk units if applicable) | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 7g | Evidence of copyright approval for accredited courses (<i>if applicable</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7h | <u>Is your organisation an enterprise RTO</u> (please refer to Application Guide for definition of Enterprise RTO): YES <input type="checkbox"/> - No financial information required NO <input type="checkbox"/> - The following financial information is required Financial projections for the first two years of operation, specifically: Profit and Loss Statements (2 years) Balance Sheets (2 years) Cash Flow Statements (2 years) Statement of review by a qualified accountant, indicating that: <ul style="list-style-type: none"> - Financial projections have been reviewed in accordance with Australian Auditing and Assurance Standards, including an opinion as to whether the projections represent a true and fair view of the applicant's future operation; - The operations are sustainable during the intended period of registration; and | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

| | | | |
|----|---|--------------------------|--------------------------|
| | <p>- Nothing has come to the accountant's attention that causes them to believe that the assumptions used do not provide a reasonable basis for the preparation of the projections (statement of negative assurance).</p> <p>Statement of review is signed and dated by a qualified accountant who is a member of either:</p> <ul style="list-style-type: none"> - CPA (Certified Practising Accountants Australia); or - ICA (Institute of Chartered Accountants Australia); or - IPA (Institute of Public Accountants). | <input type="checkbox"/> | <input type="checkbox"/> |
| 7i | <p>TRUSTS</p> <p>Entities operating as Trusts are required to provide a copy of the Trust Deed which includes details of the Corporate Trustee.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7j | <p><u>EXISTING BUSINESSES MUST ALSO INCLUDE THE FOLLOWING</u></p> <p>Most recent financial statements, specifically:</p> <p>Profit and Loss Statement (Statement of Comprehensive Income)</p> <p>Balance Sheet (Statement of Financial Position)</p> <p>Cash Flow Statement (Statement of Cash Flows – if available)</p> <p>Directors'/Owners' Declaration, signed and dated</p> <p>Independent audit report that is signed, dated and certified by a registered auditor in accordance with Australian Auditing Standards;</p> <p>or</p> <p>Compilation report that is signed, dated and certified by a qualified accountant in accordance with Australian Accounting Standards</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7k | <p>If your organisation is delivering under a Third Party arrangement, please include: RTO3 – Notification of Third Party Agreement form.</p> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 8 – CONFLICT OF INTEREST

Identify any conflict of interest with a specific Auditor.

Please note that if a conflict of interest is identified, the reason for this conflict must be included.

| | Yes | No | Unsure |
|--|--------------------------|--------------------------|--------------------------|
| Burnett, Allison – Specialised Training Solutions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dempsey, Mairead – Assessment Training and Research Consultancy Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Docking, Russell – Skill Resource Management Systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hawke, Cherrie – Torque Holdings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Large, Julie – JAL Enterprises | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lennox, Amy – APL Training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Love, David – Workplace Skills Management Pty Ltd | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| McCarter, Helen – Workplace Skills Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stewart, Sharon – LCN Training Solutions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tarpley, Michaela – Aptus Solutions Pty Ltd | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Werner, Claire – APPLIC8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vlajsavljevich, Pamela | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reason for conflict of interest:

SECTION 9 - TOTAL VET ACTIVITY EXEMPTIONS

In line with Clause 8.1 and 8.2, from 1 January 2014, an RTO must implement policies and procedures to collect full AVETMISS data from their clients for submission from 1 January 2015. RTOs who believe they will be unable to collect this information can apply to TAC for the below exemptions. Further information regarding the exemptions can be found in the [Implementation of Total VET Activity](#) document and the [National VET Provider Collection Data Requirements Policy](#) available on www.tac.wa.gov.au.

Please indicate below if you wish to be considered for a total VET activity exemption:

| | |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | Short Units or modules exemption |
| <input type="checkbox"/> | Enterprise RTOs exemption |

SECTION 10 - FEE STRUCTURE

The following fees are inclusive of GST.

| Fee Type | Fees | Notes | |
|---|--|--|--|
| Application Lodgement Fee | \$800 | Non-refundable, payable at the time of submitting application. | |
| Application Assessment Fee (Payable on receipt of invoice) | \$8,000 Plus: \$145 \$50 \$1,395 | <ul style="list-style-type: none"> • Base Fee • each additional qualification • each additional unit of competency • each additional delivery site | Base fee includes up to 4 qualifications, up to 20 units of competency and up to 2 delivery sites. <i>Total application fee, including lodgement and assessment, is capped at \$50,000.</i> |
| Annual RTO Registration Fee | \$1,130 \$3,220 \$6,975 \$10,730 | <ul style="list-style-type: none"> • 0-4 qualifications • 5-10 qualifications • 11-60 qualifications • 61 or more qualifications | Payable annually. Includes any number of units of competency. |

Please note all fees are non-refundable.

TAX INVOICE

This section of the form becomes a tax invoice on payment.

ABN: 86 936 328 729

(Department of Education Services)



- Complete the tax invoice, attach your cheque to the application form and record the cheque number below.
- Retain a copy of the application form for your records.
- Cheques should be made payable to the:
"Training Accreditation Council"
- Application forms with payment should be marked:
"Confidential"

- If you would like to arrange an electronic funds transfer please use the following bank details:

BSB: 066-040

Acc Number: 12300024

Commonwealth Bank

6th Floor, 150 St Georges Terrace PERTH WA 6000

- Please forward a copy of the EFT receipt along with the application form, to ensure payment has been confirmed.

| | | | |
|------------------|-------|------------------|-------|
| Cheque Number: | _____ | or EFT Reference | _____ |
| ABN: | _____ | Date EFT Paid: | _____ |
| Legal name: | _____ | | |
| Trading name(s): | _____ | | |
| Postal Address: | _____ | | |
| Suburb: | _____ | Postcode: | _____ |
| Telephone: | _____ | Facsimile: | _____ |
| | _____ | Mobile: | _____ |
| Contact name: | _____ | Position: | _____ |

| DESCRIPTION | TOTAL |
|--|-----------------|
| Application for Registration as a Registered Training Organisation | \$800.00 |
| TOTAL AMOUNT PAYABLE (GST Exempt) | \$800.00 |

Please send your completed application form and supporting documentation either via email or mail to:

Training Accreditation Council Secretariat
PO Box 1766 OSBORNE PARK WA 6916

Telephone: (08) 9441 1910

Facsimile: (08) 9441 1901

Email: tac@des.wa.gov.au