Thank you for your interest in establishing a referral relationship with us. This Application Form will help us determine your suitability and assess the needs of both parties moving forward.

**Contact Person**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person:  |  | Position: |  |
| Phone:  |  | Mobile: |  |
| Email: |  | Web: |  |

**Details of Company or Organisation**

|  |  |
| --- | --- |
| Company Name: |  |
| Trading Name: |  |
| ACN:  |  | ABN: |  |
| Year Established: |  |
| Business Address: |  |
| Is this company a registered training organisation? | [ ] Yes [ ] No  | If Yes, what is your RTO ID?  |  |

|  |
| --- |
| Please tell us about your organisation and why you are interested in providing your services to <organisation>? |
|  |

**Needs and Expectations cont.**

|  |
| --- |
| Which qualifications, accredited courses or single units of competency do you wish to market for us? (please attach additional sheet if required) Please also indicate anticipated numbers of enrolments in each course/ unit per annum. |
| Course Code | Course Title | States of Delivery | Expected number of enrolments per month |
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| What is your target market? |
|  |
| How long do you expect the agreement with <Organisation> to go for? |
|  |
| Please provide information on any other RTOs you work with. |
|  |
| When do you wish to commence this agreement? |
|  |
| Signature: |  | Position: |  |
| Name: |  | Date: |  |

**Please return this form to our office at** **info.training2uu@gmail.com**

Office use only

|  |  |  |
| --- | --- | --- |
| **Item** | Completed | **Date** |
| Application received, questions answered sufficiently | [ ]  Yes [ ]  No  |  |
| Insolvency Statutory Declaration is held | [ ]  Yes [ ]  No  |  |
| ASIC check | [ ]  Yes [ ]  No  |  |
| [www.training.gov.au](http://www.training.gov.au) check | [ ]  Yes [ ]  No [ ]  N/A |  |
| Website search – owner and company | [ ]  Yes [ ]  No  |  |
| Reference check | [ ]  Yes [ ]  No  |  |
| Comments: |  |
|  |  |
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| **Management approval** | **Outcome** | **Reason** |
| Recommendation: | [ ]  Approve application[ ]  Deny application |  |
| Name of recommending officer: |  |
| Signature of recommending officer: |  |
| Position: |  | Date: |  |
| CEO Approval | [ ]  Yes[ ]  No |  |
| **CEO Signature:** |  | **Date:** |  |