

INSTRUCTIONS FOR COMPLETION

- Review** the ACPET Information Kit available on the ACPET website prior to completing this form.
- Complete** all information required for your application.
- Attach** all required additional documentation.
- Return-** to ACPET Membership via email: membership@acpet.edu.au or post: PO Box 551, East Melbourne Vic 8002

ACPET respects and is committed to maintaining the privacy of all members. All information provided will be used in accordance with relevant privacy legislation and is understood to be provided on a commercial in confidential basis. ACPET reserves the right to audit any information provided by an applicant, or to request further documentation if required.

If you require any assistance in completing this application form, please contact the Membership team via Membership@acpet.edu.au, 1800 657 644 or 03 9412 5900.

Please indicate the Membership application/s being made:

- Affiliate Member** If your organisation is an education or training consultant
- ACPET Member** If your organisation is a privately owned registered training organisation, higher education provider, ELICOS college, pathways or foundation studies college or school
- Partner in Education** If your organisation is a publicly owned institution, overseas peak body or overseas provider

Registration and Ownership

Company Name: _____

Trading Name(s): _____

ACN: _____ **ABN:** _____

Website: www. _____

Phone: _____ **Fax:** _____

Postal Address: _____

Street Address: _____

CEO Name: _____

CEO Position: _____

CEO email: _____

CEO Mobile: _____

PRINCIPAL CONTACT DETAILS:

Main Contact Name: _____

Main Contact Position: _____

Main Contact email: _____

Main Contact Mobile: _____

ADDITIONAL CONTACT DETAILS: If more space is required, please attach a separate list.

Contact (1)

Contact person:

Contact email:

Contact Mobile:

Contact (2)

Contact person:

Contact email:

Contact Mobile:

COMPANY DIRECTORS/SHAREHOLDERS/OFFICE HOLDERS:

- Company details are available on ASIC, or
- The applicant is an incorporated entity, a list of Board Members is attached, or
- The applicant is a partnership, details of the partners are attached, or
- The applicant is a Trust, details of the Trust are attached, or
- I am an individual / sole trader.

Is your company a wholly or partly owned subsidiary of an overseas trading enterprise?

Please tick one: YES NO

If yes, ACPET will need details of the parent company including name, Country of registration, board of directors and their contact details and the name and details of the CEO of the parent company (please attach separately)

The RTO is registered with: ASQA, or TAC (WA only), or VRQA (Vic only)

Regulator's Risk Rating: _____

Date of Registration: _____ **Expiry of Registration:** _____

Mode of Delivery: Please indicate the various modes of delivery offered for your courses.

- Face to Face Workplace delivery Correspondence/Distance Online

Approx. Number of Employees:	Teaching	Full Time <input type="text"/>	Part Time <input type="text"/>	Full Time Equivalent * <input type="text"/>
	Non-Teaching	Full Time <input type="text"/>	Part Time <input type="text"/>	Full Time Equivalent * <input type="text"/>

**Full time equivalent (FTE) is the combination of full time and part time numbers, i.e. 1 full time staff member and 1 part time staff member working 2.5 days per week would equal a FTE of 1.5.*

Gross Annual Turnover

ACPET and Partner in Education membership fees differ depending on the turnover of the organisation. Please provide your organisation's gross annual turnover from all training activity (local & overseas), fee for service training and all government funded and employer funded placements during the last financial year for the state in which you are applying for membership.

\$

Please attach an income statement, Financial Report or Profit and Loss statement to show your annual gross turnover from all training activity to verify your ACPET category. Alternatively a letter from your external accountant confirming the amount is also acceptable.

Please do not send payment with your application. A tax invoice will be mailed to your nominated address following Board approval.

Declaration and Signature

I **confirm** that I have read and understood the ACPET Information Kit prior to completing this application.

I **understand** that the information submitted within this application has been provided on a confidential basis and will not be used by ACPET for purposes other than building a profile of private providers generally, and in specific circumstances detailed below.

I **confirm** that I have read and understood the ACPET Code of Ethics and, on behalf of the applicant, declare that the applicant agrees to operate in accordance with the ACPET Code of Ethics (available on the ACPET website)

I **acknowledge** that all members of ACPET are obliged to comply with the ACPET Constitution and the ACPET By-laws at all times (available on the ACPET website), and that failure to do so may result in the termination of membership.

I **acknowledge** that the information given within this application will be used to determine the correct category of ACPET Membership, and should this information change, acknowledge that an increase or decrease in membership category could be required.

I **give** approval that, for the purposes of considering this application for ACPET Membership, ACPET may make such enquiries with Commonwealth and/or state/territory Authorities as deemed necessary. In addition, I understand that ACPET will seek the views of its members and others to inform judgement as deemed necessary.

I **agree** to have the organisation name incorporated in the membership list available to all members in the members only section of the website and in any ACPET membership database provided to a third party as deemed appropriate by the ACPET National Board.

I **declare** that the information provided in this application is true and complete and understand that ACPET reserves the right to vary or reverse any decision on membership of ACPET and/or tuition assurance cover based on incomplete or incorrect information.

Company Name: (applicant) _____

Name: (Authorised Person*) _____

Position Title: _____

Signature: (Authorised Person*) _____

Date: _____

* The Authorised Person should be a senior executive officer of the organisation, i.e. Executive Director, Managing Director, CEO etc

Witnessed by:

Name: _____

Position Title: _____

Signature: _____

Date: _____

Please note that unsigned, unwitnessed or incomplete applications, or applications without required supporting documentation cannot be processed.

Scan all completed documents and email to: membership@acpet.edu.au or

Fax all completed documents to: **03 9416 1895** or

Post completed documents to: **PO BOX 551, East Melbourne Vic 8002**