

## INSTRUCTIONS FOR COMPLETION

- Review** the ACPET Information Kit available on the ACPET website prior to completing this form.
- Note** if delivering courses in multiple States / Territories, you need to apply for Tuition Assurance in each State / Territory.
- Complete** all information required for your application.
- Attach** all required additional documentation.
- Return-** to ACPET Membership via email: [membership@acpet.edu.au](mailto: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.*

## Please indicate the Membership application/s being made:

- ACPET Member** If your organisation is a privately owned registered training organisation, higher education provider, ELICOS provider, pathways or foundation studies college or school
- Affiliate Member** Affiliate membership is open to individuals who do not deliver accredited education or training, but have significant involvement in the private education sector
- Partner in Education** If your organisation is a publicly owned institution, overseas peak body or overseas provider

*If you require any assistance in completing this application form, please contact the Membership team, via [Membership@acpet.edu.au](mailto:Membership@acpet.edu.au), ph: 1800 657 644 or 03 9412 5900*

## REGISTRATION AND OWNERSHIP:

**Company Name:** \_\_\_\_\_

**Trading Name(s):** \_\_\_\_\_

**ACN:** \_\_\_\_\_ **ABN:** \_\_\_\_\_

**State/s requiring TAS** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

## SENIOR EXECUTIVE CONTACT

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**email:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

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**MAIN CONTACT DETAILS:**

**Name:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**email:** \_\_\_\_\_  
**Mobile:** \_\_\_\_\_

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

**Contact (1) - Name** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**email:** \_\_\_\_\_  
**Mobile:** \_\_\_\_\_

**Contact (2)- Name** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**email:** \_\_\_\_\_  
**Mobile:** \_\_\_\_\_

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**COMPANY DIRECTORS / SHAREHOLDERS/OFFICER 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.

**New applicants must provide a list of any shareholder (entity or person) that has a relevant interest of 5% or more of the applicant, unless this information is available publicly.**

**Is your company a wholly or partly owned subsidiary of an overseas registered 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)**

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**Mode of Delivery:** Please indicate the various modes of delivery offered for your courses and the approximate percentage of each mode of delivery offered.

Face to Face  Workplace delivery  Correspondence/Distance  Online

**Percentage value:** Please provide % to indicate the proportion of each mode of delivery.

Face to Face:  Correspondence/  
Distance:   
Workplace delivery:  Online:

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

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**FIELDS OF STUDY:***Please tick relevant fields of study.*

- |                                                                |                                                            |                                                               |
|----------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Acting / Theatre Studies              | <input type="checkbox"/> Fashion Design and Textiles       | <input type="checkbox"/> Music                                |
| <input type="checkbox"/> Adult Community & Further Education   | <input type="checkbox"/> Film & Video Production           | <input type="checkbox"/> Natural Medicine                     |
| <input type="checkbox"/> Advertising                           | <input type="checkbox"/> Finance & Accounting              | <input type="checkbox"/> Nursing Petcare / Veterinary Studies |
| <input type="checkbox"/> Arts and Craft                        | <input type="checkbox"/> Financial Counselling             | <input type="checkbox"/> Photography                          |
| <input type="checkbox"/> Aged Care                             | <input type="checkbox"/> Fitness                           | <input type="checkbox"/> Printing                             |
| <input type="checkbox"/> Agriculture & Horticulture            | <input type="checkbox"/> Floristry                         | <input type="checkbox"/> Primary Education Studies            |
| <input type="checkbox"/> Architecture, Building & Construction | <input type="checkbox"/> Food                              | <input type="checkbox"/> Property / Real Estate               |
| <input type="checkbox"/> Automotive                            | <input type="checkbox"/> Foundation Studies                | <input type="checkbox"/> Psychology                           |
| <input type="checkbox"/> Beauty & Make-Up                      | <input type="checkbox"/> Furnishing                        | <input type="checkbox"/> Resources Sector                     |
| <input type="checkbox"/> Business Studies                      | <input type="checkbox"/> Graphic Design & Printing         | <input type="checkbox"/> Retail & Wholesale Studies           |
| <input type="checkbox"/> Childcare & Children's Services       | <input type="checkbox"/> Hairdressing                      | <input type="checkbox"/> Secondary Education Studies          |
| <input type="checkbox"/> Civil Aviation                        | <input type="checkbox"/> Health Care                       | <input type="checkbox"/> Security & Guarding / Public Safety  |
| <input type="checkbox"/> Construction                          | <input type="checkbox"/> Indigenous Studies                | <input type="checkbox"/> Sport & Recreation TESOL             |
| <input type="checkbox"/> Counselling                           | <input type="checkbox"/> Information Technology/Multimedia | <input type="checkbox"/> Theology/Religion                    |
| <input type="checkbox"/> Dance                                 | <input type="checkbox"/> Interior Design                   | <input type="checkbox"/> Tourism & Hospitality                |
| <input type="checkbox"/> Education / Teaching Studies          | <input type="checkbox"/> Jewish Studies                    | <input type="checkbox"/> Transport, Storage & Distribution    |
| <input type="checkbox"/> Electrical & Electronics              | <input type="checkbox"/> Journalism                        | <input type="checkbox"/> Yoga / Pilates                       |
| <input type="checkbox"/> Engineering                           | <input type="checkbox"/> Legal Studies                     | <input type="checkbox"/> Welfare                              |
| <input type="checkbox"/> English Language / ELICOS             | <input type="checkbox"/> Manufacturing                     | <input type="checkbox"/> Workplace Training & Assessment      |
| <input type="checkbox"/> Equestrian & Racing                   | <input type="checkbox"/> Maritime                          | <input type="checkbox"/> Certificate IV                       |
| <input type="checkbox"/> Event Management                      | <input type="checkbox"/> Marketing/PR                      |                                                               |
| <input type="checkbox"/> Facilities Management                 | <input type="checkbox"/> Massage Therapy                   |                                                               |

**Which level of accreditation is your organisation approved to deliver?***Please tick relevant field(s).*

- |                                          |                                           |                                               |
|------------------------------------------|-------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Certificate I   | <input type="checkbox"/> Diploma          | <input type="checkbox"/> Graduate Certificate |
| <input type="checkbox"/> Certificate II  | <input type="checkbox"/> Advanced Diploma | <input type="checkbox"/> Graduate Diploma     |
| <input type="checkbox"/> Certificate III | <input type="checkbox"/> Bachelor Degree  | <input type="checkbox"/> Masters Degree       |
| <input type="checkbox"/> Certificate IV  | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Doctoral Degree      |

**PROVIDER CATEGORIES:** *Please tick the most appropriate categories and complete the relevant section(s).*

- |                                                                                 |                                                 |
|---------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> VET Provider/RTO                                       | please complete sections <b>A, E, F &amp; G</b> |
| <input type="checkbox"/> Adult & Community Education Provider                   | please complete sections <b>A, E, F &amp; G</b> |
| <input type="checkbox"/> Provider with pending VET registration                 | please complete sections <b>A, E, F &amp; G</b> |
| <input type="checkbox"/> Higher Education provider                              | please complete sections <b>B, E, F &amp; G</b> |
| <input type="checkbox"/> Provider with pending Higher Education registration    | please complete sections <b>B, E, F &amp; G</b> |
| <input type="checkbox"/> Primary Education (K to 6)                             | please complete sections <b>C, E, F &amp; G</b> |
| <input type="checkbox"/> Secondary Education (7 to 12)                          | please complete sections <b>C, E, F &amp; G</b> |
| <input type="checkbox"/> Provider with pending Primary / Secondary registration | please complete sections <b>C, E, F &amp; G</b> |
| <input type="checkbox"/> ELICOS provider                                        | please complete sections <b>D, E, F &amp; G</b> |
| <input type="checkbox"/> Provider with pending ELICOS registration              | please complete sections <b>D, E, F &amp; G</b> |
| <input type="checkbox"/> Foundation Studies                                     | please complete sections <b>D, E, F &amp; G</b> |
| <input type="checkbox"/> VET in Schools                                         | please complete sections <b>D, E, F &amp; G</b> |

## SECTION A - VET PROVIDERS

Is your organisation a Registered Training Organisation (RTO)?

YES - complete questions below

NO - go to Section B

**Registration:**

Registration Body

RTO code

Date of Registration

Expiry of Registration

**Does your organisation have CRICOS approval?**

Please tick one:

YES

NO

IN PROGRESS

**Audit Cycle:**

Please confirm your registration audit cycle \_\_\_\_\_ years.

In terms of your ongoing registration, has your regulator requested an audit frequency less than 5 years or has a compliance audit been scheduled within the next 12 months?

Please tick one:

YES

NO

Do you have any conditions placed on your registration?

Please tick one:

YES

NO



If yes, please provide evidence of registration conditions.

## SECTION B – HIGHER EDUCATION PROVIDERS

Is your organisation a registered Higher Education Provider?

YES - complete questions below

NO - go to Section C

**Registration:**

Registration Body

Date of Registration

Expiry of Registration

**Does your organisation have CRICOS approval?**

Please tick one:

YES

NO

IN PROGRESS

**Audit Cycle:**

Please confirm your registration audit cycle \_\_\_\_\_ years.

Is the organisation required to undertake a 12 month audit review with the relevant regulator?

Please tick one:

YES

NO

Do you have any conditions placed on your registration?

Please tick one:

YES

NO



If yes, please provide evidence of registration conditions.

## SECTION C – PRIMARY & SECONDARY EDUCATION PROVIDERS

Is your organisation a registered Primary and/or Secondary Education Provider?

YES - complete questions below     NO - go to Section D

**Registration:**

Registration Body \_\_\_\_\_

Date of Registration \_\_\_\_\_

Expiry of Registration \_\_\_\_\_

**Does your organisation have CRICOS approval?**

Please tick one:

YES

NO

IN PROGRESS

**Audit Cycle:**

Please confirm your registration audit cycle \_\_\_\_\_ years.

In terms of your ongoing registration, has your regulator requested an audit frequency less than 5 years or has a compliance audit been scheduled within the next 12 months?

Please tick one:

YES

NO

Do you have any conditions placed on your registration?

Please tick one:

YES

NO



If yes, please provide evidence of registration conditions.

## SECTION D – ELICOS PROVIDERS

Is your organisation a registered ELICOS Provider?

YES - complete questions below     NO - go to Section E

**Registration:**

Registration Body \_\_\_\_\_

Date of Registration \_\_\_\_\_

Expiry of Registration \_\_\_\_\_

**Does your organisation have CRICOS approval?**

Please tick one:

YES

NO

IN PROGRESS

**Audit Cycle:**

Please confirm your registration audit cycle \_\_\_\_\_ years.

In terms of your ongoing registration, has your regulator requested an audit frequency less than 5 years or has a compliance audit been scheduled within the next 12 months?

Please tick one:

YES

NO

Do you have any conditions placed on your registration?

Please tick one:

YES

NO



If yes, please provide evidence of registration conditions.

## SECTION E – GROSS ANNUAL TURNOVER

What was your organisation's gross annual turnover from all training activity including student tuition (local & overseas), fee for service training and all government funded and employer funded placements during the last financial year for the state/s in which you are applying for ACPET Membership?

\$



Please provide income statement from most recent completed financial year, if NOT also applying for Tuition Assurance

**Please DO NOT send payment with your application** - A tax invoice will be mailed to your nominated address following Board approval.

## SECTION F – DECLARATION, SIGNATURE AND MEMBER ENDORSMENT

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 send ACPET a copy of any negative audit report or any other report about operations and/or financial position from any State or Federal regulatory authority that regulates it's operations, within 7 days of receiving such report

I **agree** that all State and Federal regulatory authorities that regulate my operations may share with ACPET any information that may indicate any breach in relevant regulation and/or any student outcomes

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 based on incomplete or incorrect information.

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**Company Name:** (applicant) \_\_\_\_\_

**Name:** (Authorised Person\*) \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** (Authorised Person\*) \_\_\_\_\_

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

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**Witnessed by:**

**Name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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**SECTION F – DECLARATION, SIGNATURE AND MEMBER ENDORSMENT Continued**

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**Proposed by (ACPET Member 1):**

**Name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Organisation Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:**

**Seconded by (ACPET Member 2):**

**Name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Organisation Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:**

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

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Please make sure that the following documents are submitted with your application:

**For all ACPET Membership applications:**

- Certificate of incorporation of a company for the company name detailed within application
- Certificate of registration of trading name/s, if different from company name
- Details of overseas ownership & Directors (if required)
- Letter / certificate of accreditation as a:
  - Registered Training Organisation (RTO)
  - Higher Education Provider
  - Primary & Secondary Education Provider
  - ELICOS Provider
- Evidence of conditions of registration (if required)
- Income Statement from most recent financial year
- Signed declaration from each director (including alternate directors)
- A list of any shareholder (entity or person) that has a relevant interest of 5% or more of the applicant, unless this information is available publicly.