

APPLICATION FOR ACCREDITATION AS A TRAINING PROVIDER

Name of Organisation

TRADING NAME

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STREET ADDRESS

NUMBER, STREET, SUBURB, TOWN OR CITY

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POSTAL ADDRESS

BOX NUMBER, SUBURB, TOWN OR CITY

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STD

PHONE NO.

FAX NO.

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Training Coordinator

SURNAME

FIRST NAMES

GENDER

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Training Resources

DETAILS OF EQUIPMENT AVAILABLE FOR TRAINING PROGRAMME

DETAILS OF THE SKILLS AND KNOWLEDGE OF PERSONNEL WHO WILL ASSIST WITH TRAINING PROGRAMME

CONTRACT RESOURCES THAT WILL BE USED TO ASSIST WITH TRAINING PROGRAMME

THIS APPLICATION COVERS THE DELIVERY OF THE FOLLOWING UNIT STANDARDS

Declaration

Signed on behalf of the applicant organisation

SIGNATURE

POSITION

DATE

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