



# FORM

## Application to amend an accredited course

### About this form

The Australian Skills Quality Authority (ASQA) accredits and regulates courses for delivery by registered training organisations (RTOs) under the *National Vocational Education and Training Act 2011* (Cth).

You need to complete this form if you are a course owner and you wish to apply to the Australian Skills Quality Authority (ASQA), as the national VET regulator (NVR), to amend a course that was accredited by ASQA.

Components of the application include – this form, course document with changes tracked and evidence of industry consultation and validation of proposed amendments.

There are four sections to this application form:

- Section 1—Applicant details
- Section 2—Application details
- Section 3—Stakeholder engagement in determining amendment
- Section 4—Applicant endorsement

Some sections of this form will expand as you enter content. Should you require additional space, please attach extra pages that are clearly labelled with the number of the question to which the information relates.

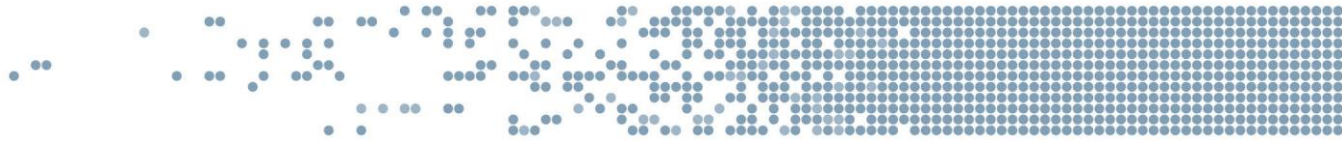
Unless otherwise indicated, you must provide a response to each question and to each part of each question.

This application must be supported with evidence that confirms that the course will remain relevant and continue to comply with the *Standards for VET Accredited Courses 2012* and the Australian Qualifications Framework.

Once ASQA has received a complete application from you and validated the proposed changes qualify as an amendment the application will progress to an Accreditation Assessor, who will evaluate the proposed changes to ensure the course still complies with the [Standards for VET Accredited Courses](#) and the [Australian Qualifications Framework](#).

You will be provided with a written report that details the outcome of this evaluation.

If the proposed amendments significantly alter the course outcomes, ASQA may determine that you need to submit an application to accredit a **new** course.



For information on the classification of amendment criteria visit ASQA’s website.

## Application fee

A cheque (personal, business or bank) made payable to Australian Skills Quality Authority for the prescribed application fee may be forwarded to:

Finance Team  
Australian Skills Quality Authority  
PO Box 9928  
Melbourne Vic 3001

Fee	Payable
\$1,145	Minor amendment
\$2,290	Major amendment

Alternatively, fill out the **credit card information** section on the last page of this form.

The required fee that you must pay is listed in the Guide to ASQA’s fees available in the [fees and charges section](#) of the ASQA website.

## Submitting the application

This form and required attachments must be submitted by email to: [courses@asqa.gov.au](mailto:courses@asqa.gov.au)

Incomplete applications or applications completed incorrectly will be returned to you for completion. A *Checklist* is provided at the back of this form to ensure your application is complete.

## Assistance in completing this form

For assistance in completing this form, please contact the Course Accreditation team by email at [accreditation@asqa.gov.au](mailto:accreditation@asqa.gov.au), or email your enquiry to [enquiries@asqa.gov.au](mailto:enquiries@asqa.gov.au) or telephone the **ASQA’s Info line** on **1300 701 801** between 9.00 am and 7.00 pm EST, Monday to Friday.

Please refer to the ASQA website for further information about the [course accreditation process](#).



## Section 1 Applicant details

### 1.1 Course owner/s making application

List the name/s and contact details of the course owner/s making this application.

Course owner making application					
Organisation name (if relevant):					
ABN/ACN (if relevant):					
Details of organisation contact person or individual owner:					
Title:		Surname:		Given name(s):	
Phone:				Mobile:	
Email address:				Course Owner ID:	

Course owner making application					
Organisation name (if relevant):					
ABN/ACN (if relevant):					
Details of organisation contact person or individual owner:					
Title:		Surname:		Given name(s):	
Phone:				Mobile:	
Email address:				Course Owner ID:	

The details of additional course owner/s making this application are attached.



## Section 2 Application details

### 2.1 Accredited course

This application relates to the following accredited course:

<b>Code:</b>		<b>Title:</b>	
<b>Expiry date:</b>			

### 2.2 Significance of proposed amendments

- The current course outcomes and the proposed amendments do not significantly alter the course outcomes.

### 2.3 Nature of proposed amendments

Which of the following best describe the nature of the proposed amendments? Select all that apply:

- Endorsed (training package) units are added to or deleted from an elective list. The inclusion or deletion of elective units must not change the initial intent of the course.
- Enterprise units are added to or deleted from an elective list. The inclusion or deletion of elective units must not change the initial intent of the course.
- The units within a course—including core and elective units of competency and any prerequisite units of competency—are updated to a later version.
- Minor upgrades—which do not change the outcome are made to enterprise units of competency.
- Other—provide details:

### 2.4 Rationale for proposed amendments

Provide an explanation for proposing the amendments.

## Section 3 Stakeholder engagement in determining amendment

### 3.1 Stakeholder engagement

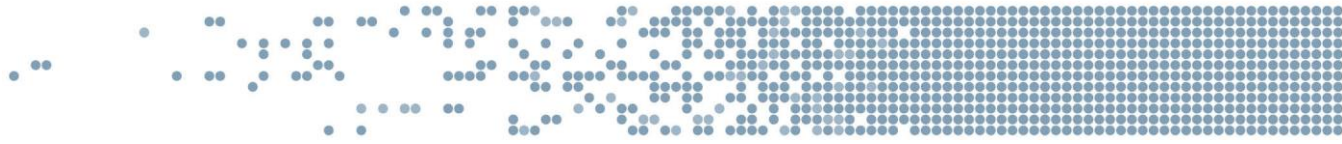
Were stakeholders engaged in determining that the course required amendment and in identifying the proposed amendments?

- Yes—Identify the major stakeholders engaged during the development of the course.



Name	Organisation	Phone number	Email address

No—Provide an explanation as to why stakeholders were not engaged in the amendment process.



## Section 4 Applicant endorsement

### 4.1 Endorsement

- I confirm that all responses provided in this application are complete, true and correct.
- I confirm that should the proposed amendments be effected, the course will continue to comply with the Standards for VET Accredited Courses and the Australian Qualifications Framework.
- I confirm an electronic copy of the course document is attached with all changes clearly identified (and that this document has been provided as a **single** Microsoft Word document).

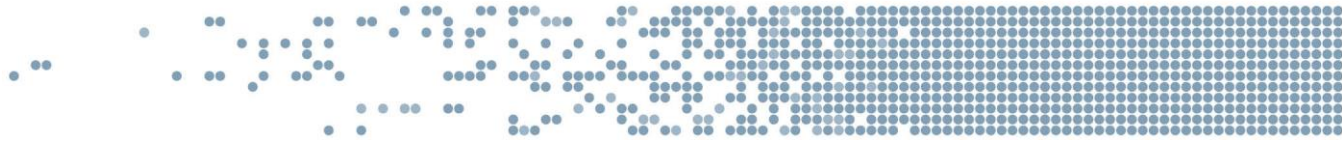
AND, where there is more than one course owner but one or more has the authority to make this application on behalf of all owners:

- I confirm I have the authority to make this application on behalf of all course owners.

Course owner making application			
Signature:		Date:	
Surname:		Given name(s):	
Witness			
Signature:		Date:	
Surname:		Given name(s):	

Course owner making application			
Signature:		Date:	
Surname:		Given name(s):	
Witness			
Signature:		Date:	
Surname:		Given name(s):	

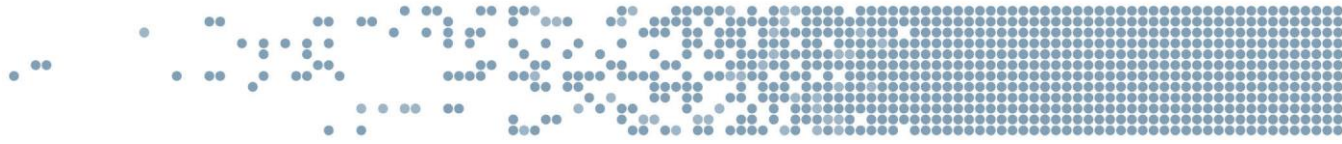
- The endorsements of additional course owner/s (including witness signatures and details) making this application are attached.



## Checklist for submitting an application to amend an accredited course

To avoid any delay in the processing of your application, please ensure that your application is complete and check that ALL of the required documents have been attached. Applications which are not accompanied by the required attachments will be returned to you for completion.

Section 1	Applicant details	Tick
1.1	Full and accurate responses have been provided to all questions	<input type="checkbox"/>
Section 2	Application details	
2.1—2.4	Full and accurate responses have been provided to all questions	<input type="checkbox"/>
Section 3	Stakeholder engagement in course development	
3.1	Full and accurate responses have been provided to all questions	<input type="checkbox"/>
Section 4	Applicant endorsement	
4.1	One person with authority OR all course owners have endorsed the application	<input type="checkbox"/>
General		
	An electronic copy of the course document is attached (a single Microsoft Word document with changes clearly identified)	<input type="checkbox"/>
	Payment of the application fee has been arranged/made	<input type="checkbox"/>



### Credit Card Information

If paying by credit card please complete the following details:

Card type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card number:		Expiry Date: /
Name on card:		CCV:
Signature:		
Payment amount:	\$	Date: / /
Please send receipt to (postal or email address):		