

Forms

Request to extend the accreditation of a course

About this form

The National Vocational Education and Training Regulator (the Regulator) accredits and regulates courses for delivery by registered training organisations (RTOs) under the *National Vocational Education and Training Regulator Act 2011 (NVR Act)*. The Regulator is the person appointed to make decisions under the *National Vocational Education and Training Regulator Act 2011 (NVR Act)* and works as a part of the Australian Skills Quality Authority (ASQA).

You need to complete this form if you are a course owner and you wish to request the ASQA extend the accreditation of a VET course.

* You are strongly advised to read the information about the [process for extending the accreditation of a course](http://www.asqa.gov.au/course-accreditation/manage-an-accredited-course/extend-a-vet-accredited-course.html), available from the ASQA website as accreditation will only be extended under what the ASQA considers to be ‘exceptional circumstances’.

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| Note |
| If an application to renew the accreditation of a VET accredited course, as defined under the *National Vocational Education and Training Regulator Act 2011 (NVR Act)*, has been made, the accreditation of the course is taken to continue until the application is decided and no formal request to extend the accreditation of a course is required. |

There are four sections to this request form:

Section 1— Applicant details

Section 2—Request details

Section 3—Applicant endorsement

Checklist for submitting a **r**equest to extend the accreditation of course

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 additional information relates.

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

A separate form is required for each course.

Application fee

There is no fee associated with the submission and evaluation of a request to extend accreditation of a course.

Submitting the request

This request must be submitted by email to [accreditation@asqa.gov.au](mailto:accreditation@asqa.gov.au).

Assistance in completing this form

For assistance in completing this form, please email Course Accreditation 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 Info line on 1300 701 801.**

Please refer to the ASQA website for further information about the [course accreditation and extension process](http://www.asqa.gov.au/course-accreditation/course-accreditation.html).

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| Section 1 – Applicant details |

* 1. Details of course owner/s making request

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Course copyright holder 1** | | |  | |  | | |  | |  | |
| Legal name (company/sole trader): | | | |  | | | | | | | |
| Course owner number: | | | |  | | | | | | | |
| **Details of course copyright holder contact person:** | | | | | | | | | | | |
| Title: |  | Surname: | |  | | | | | | | |
| Given name(s): | |  | | | | | Position: | | | |  |
| Phone: |  | | | | | Mobile: | | |  | | |
| Email: |  | | | | | | | | | | |
| Postal address: | |  | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Course copyright holder 2** | | |  |  | | |  | |  | |
| Legal name (company/sole trader): | | |  | | | | | | | | |
| Course owner number: | | |  | | | | | | | | |
| **Details of course copyright holder contact person:** | | | | | | | | | | | |
| Title: |  | Surname: |  | | | | | | | | |
| Given name(s): | |  | | | | Position: | | | |  | |
| Phone: |  | | | | Mobile: | | |  | | | |

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

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| Section 2 - Request details |

**2.1 Code and title of the accredited course**

This request relates to the following accredited course:

|  |  |
| --- | --- |
| Accredited course code: |  |
| Accredited course title: |  |
| Accreditation start date: |  |
| Accreditation expiry date |  |

**2.2 Proposed length of extension**

(Note: If the request is granted, the ASQA will determine term the length of extension):

|  |  |
| --- | --- |
| Length of extension requested (in months): |  |
| Proposed accreditation expiry date: |  |

**2.3 Accreditation history**

Has the accreditation of this course been extended in the past?

|  |  |  |  |
| --- | --- | --- | --- |
|  | No—to **Question 2.4** | | |
|  | Yes—provide the requested information: | | |
| Date extension granted: | | |  |
| Detailed reason for extension: | | |  |
| Extended expiry date: | | |  |

|  |  |  |
| --- | --- | --- |
| Date extension granted: | |  |
| Detailed reason for extension: | |  |
| Extended expiry date: | |  |
|  | The details of additional extensions are attached. | |

**2.4 Exceptional circumstances**

Accreditation of a course will only be extended under ‘exceptional circumstances’ as decided by the ASQA. Select the exceptional circumstance below that applies to this course and provide the required information.

|  |  |  |  |
| --- | --- | --- | --- |
|  | The outcomes of the course will be incorporated into a nationally endorsed training package that is due for endorsement and release within a short time after the current accreditation expiry date. | | |
| Relevant training package: | | |  |
| Anticipated date of endorsement: | | |  |
| Anticipated date of release: | | |  |
| Supporting comments: | | | |
|  | | | |
| ***OR*** | | | |
|  | The course leads to a regulatory or licensed outcome and the legislative framework prescribing that the particular course be completed in order to access the regulatory or licensed outcome is currently under review and is expected to be finalised within a short time after the accreditation expiry date. | | |
| Regulatory or licensed outcome: | | |  |
| Relevant legislative framework: | | |  |
| Anticipated date of finalisation of review: | | |  |
| Supporting comments: | | | |
|  | | | |
| ***OR*** | | | |
|  | I consider that an exceptional circumstance other than the above, exist, as outlined in detail below: | | |
| Supporting comments: | | | |
|  | | | |

**2.5 Impact of not extending accreditation**

Describe, in detail, the impact that a decision to not extend the accreditation of this course will have by providing the information requested below:

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| --- | --- |
| Number of RTOs registered to deliver the course: |  |
| Number of students that will be affected: |  |
| Nature and extent of impact on industry/enterprise/community: | |
|  | |
| Supporting comments: | |
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| Section 3 – Applicant endorsement |

3.1 Endorsement

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | I confirm that all responses provided in this request are complete, true and correct. | | | |
|  | | I confirm that the course to which this request relates continues to comply with the *Standards for VET Accredited Courses 2021.* | | | |
| **Course owner 1** | | | | |
| Signature: | |  | Date: |  |
| Surname: | |  | Given name(s): |  |
| **Witness** | | | | |
| Signature: | |  | Date: |  |
| Surname: | |  | Given name(s): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course owner 2** | | | |
| 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 a request to extend the accreditation of course

To avoid any delay in the processing of your request, ensure the form is complete. Incomplete forms will not be processed and will be returned for completion.

|  |  |  |
| --- | --- | --- |
| **Section 1** | **Applicant details** | **Tick** |
| 1.1 | Full and accurate responses have been provided to all questions |  |
| **Section 2** | **Request details** |  |
| 2.1–2.5 | Full and accurate responses have been provided to all questions |  |
| **Section 3** | **Applicant endorsement** |  |
| 3.1 | One person with authority ***OR*** all course owners have endorsed the form |  |

**Privacy**

ASQA is bound by the provisions of the *Privacy Act 1988,* including the Australian Privacy Principles (APPs). Your personal information will be handled in accordance with the ASQA’s obligations under this Act.

**Why is ASQA collecting my personal information?**

Personal information collected in this request and any supporting documentation you provide will be used to assess your request to extend the accreditation of a course and to manage your accredited course.

**How will my personal information be used and disclosed?**

Your personal information will not be disclosed without your consent, except where we are required to do so by an Australian law or a court/tribunal order. Your personal information may be disclosed if the disclosure is necessary for, or relevant to, the exercise of powers of another agency. The ASQA is not likely to disclose your personal information to any overseas recipients.

**Further information**

Please see the ASQA's complete Privacy Policy available at [www.asqa.gov.au/about/accountability-and-reporting/privacy](https://www.asqa.gov.au/about/accountability-and-reporting/privacy). The ASQA's Privacy Policy includes information about how you may access or seek correction of your personal information and how you may make a complaint about your privacy.