FORM

Application to cancel accreditation of a course

About this form

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:

- cancel the accreditation of a course that was accredited by ASQA
- cancel the accreditation of a course that was accredited before 1 July 2011 by the New South Wales (NSW),
 Northern Territory (NT) or Australian Capital Territory (ACT) course accrediting body
- cancel the accreditation of course that was accredited before 15 February 2012 by Tasmania (TAS) course accrediting body
- cancel the accreditation of a course that was accredited before 26 March 2012 by the South Australia (SA) course accrediting body
- cancel the accreditation of a course that was accredited before 1 July 2012 by the Queensland (QLD) course accrediting body.

Please note that ASQA will only cancel the accreditation of a course on application by the course owner if it is satisfied that it is appropriate to do so.

There are three sections to this application form:

- Section 1—Applicant details
- Section 2—Application details
- Section 3—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.

Application fee

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



Submitting the application

This form must be submitted by email to accreditation@asqa.gov.au.

For assistance in completing this form, please contact the Accreditation team by email at enquiries@asqa.gov.au. Please refer to the ASQA website for further information about course accreditation and the cancellation process. You can also call the **ASQA info line** on **1300 701 801**.

Overview of the application process

Once ASQA has received a complete application from you, it will be checked for completeness. Following this process, relevant persons may be notified of the proposed cancellation, including registered training organisations (RTOs) that have the course within their scope of registration and relevant licensing/regulatory bodies. In deciding whether to grant the application, ASQA will consider responses from all relevant persons.

You will be advised in writing of the outcome of the evaluation.



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											
Organisat	ion name (if relevant):										
ABN/ACN	(if relevant):										
Details of	organisation contact	person or individual owner:									
Title:	Surname:	Given name(s):									
Phone:		Mobile:									
Email add	ress:	Course Owner ID:									
Course o	wner making application	n									
Organisat	ion name (if relevant):										
ABN/ACN	(if relevant):										
Details of organisation contact person or individual owner:											
Title:	Surname:	Given name(s):									
Phone:		Mobile:									
Email add	ress:	Course Owner ID:									
Course o	wner making application	on .									
Organisat	ion name (if relevant):										
ABN/ACN	(if relevant):										
Details of	organisation contact	person or individual owner:									
Title:	Surname:	Given name(s):									
Phone:		Mobile:									
Email add	ress:	Course Owner ID:									
	ı	'									

 $\hfill\Box$ The details of additional course owner/s making this application are attached.



Section 2 Application details

2.1 Accredited course

This ap	oplication re	lates to the follo	wing acc	redited course:
Code	:		Title:	
Expir	y date:			
2.2	Reason fo	or requesting c	ancellati	on of accreditation
Provide	e a rationale	e for requesting	that the	accreditation of this course be cancelled.
2.3	Significa	nce of proposed	d amend	ments
a)	What is th	e impact of cand	celling the	e accreditation of this course on relevant stakeholders?
b)	What stra	tegies will be/ha	ve been i	mplemented by the course owner considered to minimise this impact?
2.4	Proposed	date of effect	of cance	llation
	Upon the g	granting of this a	pplicatior	n (earliest possible time)
	Other—no	minate proposed	d date an	d provide an explanation as to the reason for nominating this date

Please note:

Date:

If this application is granted, ASQA will determine the date on which the cancellation will be effected

Reason:



Section 3 Applicant endorsement

3.1	Endo	orsement										
	Total and an responded provided in the application are complete, that are contest.											
	I understand that should this application be granted and the accreditation of this course cancelled, the course will no longer be included on the National Register as a nationally recognised training product and may no longer be held out as such (noting penalties apply to making false or misleading representation of an accredited course).											
	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 confir	m I have the authority to make this	application on beha	If of all course owners.								
Cour	se own	er making application										
Sign	ature:		Date:									
Surn	urname: Given name(s):											
Witn	Vitness											
Sign	ature:		Date:									
Surn	ame:		Given name(s):									
Cour	se own	er making application										
Sign	ature:		Date:									
Surn	ame:		Given name(s):									
Witn	ess											
Sign	ature:		Date:									
Surn	name:		Given name(s):									

					-		00	00	000				9999	000	90	0000	9 999	2000	99999		9999	99999	0000	9999	0000	0000	9999
	00			00			0 0	00				000	99	000	000	0000	00000	0 00	0000	0000	0000	99999	0000	0000	0000	0000	0000
			. 5										9 (10000	0000	00 00 00 00 0 0 0										
	00	. 0	00				6		000	000	0 0	000	0 (0 6	0000	0000		0000	0000	0000	00000 00000	0000	0000	9000	0000	0000
					· ·	1111			00				90		000	9000											
						9 9	0 0	0			0 00	00		0		0000	00000				0000	00000	0000		0000	0000	
				0	0				000		(00 00	9 90	000	0	00	00000	90 00	0000	00000	0000	00000	0000	00000	0000	0000	0000

Course owner making application									
Signature:	Date:								
Surname:	Given name(s):								
Witness									
Signature:	Date:								
Surname:	Given name(s):								
The endorsements of additional course of application are attached.	wner/s (including wit	tness signatures and details) making this							



Checklist for submitting an application to cancel the accreditation of a 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					
1.1	Full and accurate responses have been provided to all questions					
Section 2	Application details					
2.1 – 2.4	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 application					