FORM

Request to extend the accreditation of a course

About this form

You need to complete this form if you are a course owner and you wish to request the Australian Skills Quality Authority (ASQA), the national VET regulator, extend the accreditation of a VET course.

 You are strongly advised to read the information about the <u>process for extending the accreditation of a course</u>, available from the ASQA website as accreditation will only be extended under what ASQA's considers to be 'exceptional circumstances'.

Note that if an application to renew the accreditation of a VET accredited course, as defined under the *National Vocational Education and Training Regulator Act 2011* (Cth), 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 the course is required.

There are three sections to this form:

- Section 1—Course owner details
- Section 2—Request details
- Section 3—Course owner 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 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.

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 extension process. You can also call the **ASQA info line** on **1300 701 801**.



Section 1 Course owner details

1.1 Course owner/s making request

List the nar	ne/s and	contact details	of the course owner/s ma	king this request.	
Course o	wner ma	king request			
Organisat	ion name	(if relevant):			
ABN/ACN	l (if releva	ant):			
Details of	f organis	ation contact	person or individual ow	ner:	
Title:		Surname:		Given name(s):	
Phone:				Mobile:	
Email address:			Course Owner ID:		
Course o	wner ma	king request			
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 Request details

Section 2 Request detail	
2.1 Accredited course	
This request relates to the following	ng accredited course:
Code:	
Title:	
Accreditation start date:	
Current expiry date	
2.2 Proposed length of exte	nsion
(Note: If the request is granted, As	SQA will determine term the length of extension):
Length of extension requested (i	n months):
Proposed accreditation expiry da	ate:
2.3 Accreditation history	
Has the accreditation of this cours	se been extended in the past?
☐ No—to Question 2.4	
Yes—provide the requeste	d 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 ex	xtensions are attached.



2.4	Exceptional circumstances			
	-	ed under 'exceptional circumstances' as decided by ASQA. Select the to this course and provide the required information.		
		corporated into a nationally endorsed training package that is due short time after the current accreditation expiry date.		
Rele	evant training package:			
Antio	cipated date of endorsement:			
Antio	cipated date of release:			
Supp	porting 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.			
Reg	ulatory or licensed outcome:			
Rele	vant legislative framework:			
Antio	cipated date of finalisation of review:			
Supp	porting comments:			
OR				
	I consider that an exceptional circums	stance other than the above, exist, as outlined in detail below:		
Supp	porting 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:

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:		



Section 3 Applicant endorsement

3.1 Endorsem	ent			
☐ I confirm tha	t all responses provided in this red	quest are complete,	true and correct.	
I confirm that the course to which this request relates continues to comply with the <i>Standards for VET Accredited Courses 2012</i>				
Course owner ma	aking request (as identified in 1.	1)		
Signature:		Date:		
Surname:		Given name(s):		
Witness				
Signature:		Date:		
Surname:		Given name(s):		
Course owner ma	aking request (as identified in 1.	1)		
Signature:		Date:		
Surname:		Given name(s):		
Witness				
Signature:		Date:		
Surname:		Given name(s):		
The endorse are attached		/s (including witness	s signatures and details) making this request	



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	
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 <i>OR</i> all course owners have endorsed the form	