



FORM

Notification of change to contact details—Accredited course

About this form

Use this form to:

- provide written notification of a change to contact details of an accredited course on the National Register (TGA).

Note: If you are selling or transferring the ownership of an accredited course to another person(s) or organisation, please submit a [Notification of change to accredited course ownership](#) to accreditation@asqa.gov.au.

Application fee

There is no fee associated with the submitting this notification.

Submitting the form

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

Help with this form

For assistance in completing this form, please **call the ASQA Info line on 1300 701 801**, or email your enquiry to enquiries@asqa.gov.au



Section 1 Accredited course details

1.1 Accredited course

Course code	Course title

Section 2 Changes to contact details

2.1 Details of change/s

- Is this notification to change the details of the course copyright holder contact?
 Yes No
- Is this notification to change the details of the course content enquiries contact?
 Yes No



2.2 Current contact details

Name of course copyright holder contact (as it appears on www.training.gov.au)			
Title:		Surname:	
Given name(s):		Position:	
Organisation name (if applicable):			
Phone:		Mobile:	
Email:		Fax:	
Postal address:			
Name of course content enquiries contact			
Title:		Surname:	
Given name(s):		Position:	
Organisation name (if applicable):			
Phone:		Mobile:	
Email:		Fax:	
Postal address:			

2.3 New contact details

Course copyright holder contact			
Title:		Surname:	
Given name(s):		Position:	
Organisation name (if applicable):			
Phone:		Mobile:	
Email:		Fax:	
Postal address:			
Course content enquiries contact			
Title:		Surname:	
Given name(s):		Position:	
Organisation name (if applicable):			



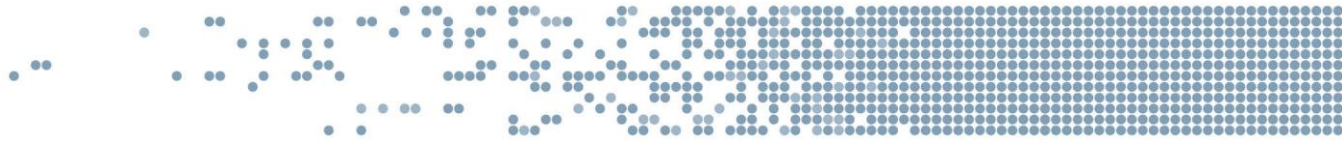
Phone:		Mobile:	
Email:		Fax:	
Postal address:			

Section 3 Declaration by copyright holder

Note: If the changes requested cannot be endorsed by the current copyright holder contact (as currently identified on www.training.gov.au please provide further additional information*.

I certify that all information provided in this form is complete, true and correct.

Course owner 1			
Signature:		Date:	
Surname:		Given name(s):	
* Additional information:			
Witness			
Signature:		Date:	
Surname:		Given name(s):	



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Signature:		Date:	
Surname:		Given name(s):	
* Additional information:			
Witness			
Signature:		Date:	
Surname:		Given name(s):	