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| *Editorial Note: This version added Train the Painter and Recognition of Prior Learning programs*  **Instructions for completing the form:** Use Tab key to move between fields; use drop-down arrow to select options; use Space bar to check buttons. | | | | | | | | | | | | | | | | | | | | | |
| **1. APPLICANT DETAILS** | | | | | | | | | | | | | | | | | | | | | |
| **1.1 General** | | | | | | | | | | | | | | | | | | | | | |
| Trading name | | | | | | | | | | | | | | | | | ABN / ACN (Aust only) | | | | |
| Legal name of Company | | | | | | | | | | | | | | | | | ABN / ACN (Aust only) | | | | |
| Street address of Applicant | | | | Suburb/Town: | | | | | | State: | | | Other state: | | | Country: | | Other country: | | | Postcode: |
| Postal address of Applicant | | | | Suburb/Town: | | | | | | State: | | | Other state: | | | Country: | | Other country: | | | Postcode: |
| Generic telephone: | | | | | Generic fax no.: | | | | | | | | | | | General sales enquiry email: | | | | | |
| Organisation web site:  http://www. | | | | | | | | | | | |  | | | | | | | | | |
| Name of Parent Company  not applicable | | | | | | | | | | | | | | | | | ABN / ACN (Aust only) | | | | |
| Brief description of nature of organisation’s current business | | | | | | | | | | | | | | | | | | | | | |
| **1.2 Key contact details** | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | Position: | | | | | | | | |
| Telephone | Fax no. | | | | | Mobile | | | | | | | Email | | | | | | | | |
| **1.3 Corporate accreditations held** | | | | | | | | | | | | | | | | | | | | | |
| Details of QA system: | | 3rd party auditor (1): | | | | | | If Other, please name: | | | | | | Your licence no. | | | | | Date of last audit | | |
| Details of any other accreditations held: | | 3rd party auditor (1): | | | | | | If Other, please name: | | | | | | Your licence no. | | | | | Date of last audit | | |
| Any other accreditations or comments? | | | | | | | | | | | | | | | | | | | | | |
| **2. COURSE DETAILS** | | | | | | | | | | | | | | | | | | | | | |
| **2.1 Category of course recognition sought** | | | | | | | | | | | | | | | | | | | | | |
| Certificate III in Protective Coatings  Certificate III in Linemarking  Coating inspector  Industrial Lead Worker  Management of Hazardous coatings  Train the Painter  Recognition of Prior Learning | | | | | | | | | | | | | | | | | | | | | |
| **2.2 Course accreditation(s) or recognition(s) held** | | | | | | | | | | | | | | | | | | | | | |
| Details of any course accreditations held: | | 3rd party auditor | | | | | | If Other, please name: | | | | | | Your licence no. | | | | | Date of last audit | | |
| Details of any course accreditations held: | | 3rd party auditor | | | | | | If Other, please name: | | | | | | Your licence no. | | | | | Date of last audit | | |
| Any other accreditations or comments? | | | | | | | | | | | | | | | | | | | | | |
| **2.3 Course details** | | | | | | | | | | | | | | | | | | | | | |
| Course code or unique designation: | | | Course developer: | | | | | | Proposed training provider: | | | | | | Proposed course presenter(s): | | | | | Proposed course duration: | |
| Please indicate how the proposed course is to be delivered. Check all applicable boxes;  standard classroom format  on-line  self-paced interactive  field / site visit(s)  Other (detail below) | | | | | | | | | | | Please indicate how the students are to be assessed?  written exam  assignments  verbal assessment  other (detail below) | | | | | | | | | | |
| Will certificates of achievement be provided to each successful student?  Yes  No | | | | | | | | | | | Please indicate who will be assessing students for compliance?  course presenter  course developer  training provider  other (detail below) | | | | | | | | | | |
| If Other, please provide details: | | | | | | | | | | | | | | | | | | | | | |
| Any special Notes for Course details? | | | | | | | | | | | | | | | | | | | | | |
| **3. ATTACHMENT details** | | | | | | | | | | | | | | | | | | | | | |
| The items listed below are necessary attachments to this application for the purpose of providing PCCP with evidence of compliance to requirements. Please ensure PCCP receives a copy of each;  evidence of course accreditation with training body  CV of course presenter  details of elements making up the course  copy of any course notes to be provided to students  copy of certificate of achievement  details of assessment criteria to be applied | | | | | | | | | | | | | | | | | | | | | |
| **4. acceptance of rules governing pccp** | | | | | | | | | | | | | | | | | | | | | |
| Declaration by a member of senior management:  I hereby affirm that I have read the documents relevant to the proposed course and I confirm that our organisation will abide by these rules, should our course be Recognised.  I agree  I do not agree. | | | | | | | | | | | | | | | | | | | | | |
| Please print name in lieu of signature: | | | | | | | Position: | | | | | | | | | | | Date: | | | |
| Any special comments or requests? | | | | | | | | | | | | | | | | | | | | | |
| **5. RETURN DETAILS** | | | | | | | | | | | | | | | | | | | | | |

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| **Please return this form completed to:** pccp@csiro.au | | | | | |
| CSIRO Infrastructure Technologies  Ms E Stepanova  Executive Officer, PCCP  c/- CSIRO  PO Box 10  Clayton Sth, Vic 3168 | | | T + 61 3 9545 2624  M +61 04 77753069  E elenora.stepanova@csiro.au | | |
| *Notes:*  (1) Formal certification by suitably qualified external third-party  (2) Refer PCCP Document D001 | | | | | |
| **9. FOR PCCP OFFICE USE ONLY** | | | | | |
| *Project #*  **XP** | *FTA request date* | *FTA to Applicant date* | | *FTA back signed date* | *FTA #* |

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| --- | --- |
| Date of first Accreditation | Updated  Primis  PP-D016  gp email lists  audit prog |