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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 TechnologiesMs E StepanovaExecutive Officer, PCCPc/- CSIROPO Box 10Clayton Sth, Vic 3168 | T + 61 3 9545 2624M +61 04 77753069E 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  |