

Appendix 1 Application to become an approved provider

This form is used to apply for approval to deliver HSR training in Western Australia.

Training provider organisation detail	
Business name	<input type="text"/>
ABN/ACN	<input type="text"/>
Trading name	<input type="text"/>
RTO number	<input type="text"/>
Registration expiry date	<input type="text"/>
Training provider organisation detail	
Business address	<input type="text"/>
Town/suburb	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
Is your postal address the same as above? If not complete below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Postal address	<input type="text"/>
Town/suburb	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
Work number	<input type="text"/>
Mobile number	<input type="text"/>
Email address	<input type="text"/>
Website address	<input type="text"/>
Authorised officer details	
Name	<input type="text"/>
Position	<input type="text"/>
Work number	<input type="text"/>
Mobile number	<input type="text"/>
Email address	<input type="text"/>

Nominated trainer details

A nominated trainer is a person employed by, contracted to, partnered with or affiliated with the applicant training provider and who will deliver HSR training if approved by the Work Health and Safety Commission.

Nominated trainers are required to declare any work health and safety disciplinary proceedings in any State or Territory i.e. suspensions, cancellations and court related matters.

The applicant training provider is required to provide details of at least one nominated trainer with this application.

The applicant training provider must gain Work Health and Safety Commission approval for any additional nominated trainer(s) prior to them delivering HSR training in Western Australia.

The applicant training provider must attach certified copies of each nominated trainer's formal qualifications.

The training provider must attach documented evidence to demonstrate their nominated trainer's compliance with the criteria for trainer qualifications.

Name	<input type="text"/>		
Date of birth	<input type="text"/>	Contact number	<input type="text"/>
Postal address	<input type="text"/>		
Town/suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Email address	<input type="text"/>		

Nominated trainer declaration

The information in this application and documentation submitted are true and correct to the best of my knowledge.

I will comply with the ongoing obligations of approval as defined by the conditions of approval.

I consent to the Work Health and Safety Commission making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.

Nominated trainer signature	<input type="text"/>	Date	<input type="text"/>
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Authorised officers acceptance of approval condition

- Have you read, and can your training organisation meet the conditions of approval?
- Do you agree to comply with the ongoing obligations as defined by the guidelines and criteria?
- Do you consent to your training provider name and office contact details being listed on the approved training provider public register on the DEMIRS website?
- Have each of your nominated trainers completed the nominated trainer declaration?
- Does each nominated trainer meet the requirements detailed in the guide?
- Have you attached certified copies of each nominated trainer's formal qualifications and relevant details of their work experience?
- Do you acknowledge that any breach of the conditions of approval may result in the suspension or cancellation of Work Health and Safety Commission approval to deliver HSR training?
- Have you sighted the nominated trainer's proof of identity?

Authorised officers declaration

As authorised officer(s) I/we declare:

I have authority from the approved training provider to complete and submit this notification.

The information in this notification and documentation submitted are true and correct to the best of my knowledge.

I consent to the Work Health and Safety Commission making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.

Name of authorised officer

Position

Signature

Date

Checklist

- Application form completed and declaration signed
- Read and understood the information and requirements contained in the guidelines and criteria
- At least one trainer nominated and ensured each nominated trainer reads and signs the declaration in the nominated trainer details section of the application form
- Attached certified copies of each nominated trainer's formal qualifications
- Attached details of each nominated trainer's relevant work experience
- Authorised officer(s) completed the acceptance of approval conditions and declaration
- Make a copy of your full application (and all attachments) for your records

Lodgement

Complete applications must be lodged via email to WHSCommission@demirs.wa.gov.au