Appendix 3 Application for renewal of term: approved provider

| | oresentative) training in Western Australia as an s. Within three months of the end of an authority thority. |
|---|--|
| Training provider organisation details | |
| Business name | |
| ABN/ACN | |
| Trading name | |
| RTO number | Registration expiry date |
| Training provider contact details | |
| Business address | |
| Town/suburb | State Postcode |
| Work number M | obile number |
| Email address | |
| Website address | |
| Is your postal address the same as above? | |
| Yes | |
| No – Please provide your postal addres | s below: |
| Postal address | |
| Town/suburb | State Postcode |
| Authorised officer details | |
| Name | |
| Position | |
| Work number | Mobile number |
| Email address | |
| | |

| Tue in in a case decease d | | |
|---|--|--|
| Training conducted Do you intend to deliver training in the next year? | | |
| Have you conducted HSR training in the last two ye | ears? | |
| Yes | | |
| No Please give reasons below to justify wh should be renewed. | y your approval to deliver HSR training | |
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| Declaration | | |
| If this application for renewal of approval to deliver year term, I agree to abide by the conditions of the and safety representative (HSR) training in Western | Operating as an approved provider of hea | |
| Authorised officer signature | Date | |
| Lodgomont | | |
| Lodgement | | |
| Complete applications must be lodged via email to | WHSCommission@demirs.wa.gov.au | |