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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application to Register a  Group Training Organisation (GTO) in the ACT** | | | | | | | | | | | | | | |
| **Legal name** | |  | | | | | **Trading name** | | |  | | | | |
| **ACN** | |  | | | | | **ABN** | | |  | | | | |
| **ACT address** | |  | | | | | | | | | | | | |
| **Other address**  (if GTO operations for the ACT are located in another state) | |  | | | | | | | | | | | | |
| **Suburb** | |  | | | | | **State** | |  | | | **Post code** |  | |
| **Postal address** | |  | | | | | | | | | | | | |
| **Suburb** | |  | | | | | **State** | |  | | | **Post code** |  | |
| **Contact person** | |  | | | | | **Position** | |  | | | | | |
| **Phone** |  | | **Mobile** |  | | | **Email** | |  | | | | | |
| **Time operating in ACT** | | **From** | Click here to enter a date. | | **To** | | Click here to enter a date. | | | | **Number of Apprentices &Trainees employed in the last 2 years** | | |  |
| **Industries serviced** | | All industries  Arts and Entertainment  Automotive  Building and Construction  Communications  Community Services and Health  Finance, Insurance and Business Services  Food  Forestry  Furnishing, Light Manufacturing,   Textile Clothing and Footwear | | | | | | Manufacturing Engineering  Mining  Primary  Process Manufacturing  Property Services  Public Sector  Retail and Wholesale  Sport and Recreation  Tourism  Transport and Distribution  Utilities and ElectroTechnology | | | | | | |
| **Are you registered as a GTO in other States or Territory** | | Choose an item. | | **If Yes, which States or Territory** | | | NSW  QLD  NT  SA  TAS  VIC  WA | | | | | | | |
| **Are you also:** | | **RTO?** | Choose an item. | | **ANP?** | | Choose an item. | | | | **Not for profit?** | | Choose an item. | |
| **Are you also applying for GTO registration in NSW?** | | | | | | | | | | | | | Choose an item. | |
| **DECLARATION** | | | | | | | | | | | | | | |
| *I certify that the information provided in this application, including any attached documents, is true and accurate.*  *I agree that my organisation will meet all costs for an external auditor to conduct an additional desk and/or site audit, where it is determined by Skills Canberra that this is required, to assess the organisation’s compliance against the National Standards for Group Training Organisations, for its ACT operations.*  *My organisation is registered, or is applying to be registered, in NSW and I authorise Training Services NSW to release relevant information to Skills Canberra to enable mutual recognition.* | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| **Signature of Chief Executive Officer** | | | | | | **Name** (please print) | | | | | | | | |
| **Date** | | Click here to enter a date. | | | | | | | | | | | | |