

Application to Register a Group Training Organisation (GTO) in the ACT

Legal name				Trading name			
ACN				ABN			
ACT address							
Other address <small>(if GTO operations for the ACT are located in another state)</small>							
Suburb				State			
				Post code			
Postal address							
Suburb				State			
				Post code			
Contact person				Position			
Phone				Mobile			
				Email			
Time operating in ACT		From		To		Number of Apprentices & Trainees employed in the last 2 years	
		Click here to enter a date.		Click here to enter a date.			
Industries serviced		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> All industries <input type="checkbox"/> Arts and Entertainment <input type="checkbox"/> Automotive <input type="checkbox"/> Building and Construction <input type="checkbox"/> Communications <input type="checkbox"/> Community Services and Health <input type="checkbox"/> Finance, Insurance and Business Services <input type="checkbox"/> Food <input type="checkbox"/> Forestry <input type="checkbox"/> Furnishing, Light Manufacturing, Textile Clothing and Footwear </div> <div style="width: 50%;"> <input type="checkbox"/> Manufacturing Engineering <input type="checkbox"/> Mining <input type="checkbox"/> Primary <input type="checkbox"/> Process Manufacturing <input type="checkbox"/> Property Services <input type="checkbox"/> Public Sector <input type="checkbox"/> Retail and Wholesale <input type="checkbox"/> Sport and Recreation <input type="checkbox"/> Tourism <input type="checkbox"/> Transport and Distribution <input type="checkbox"/> Utilities and ElectroTechnology </div> </div>					
Are you registered as a GTO in other States or Territory		Choose an item.		If Yes, which States or Territory		<input type="checkbox"/> NSW <input type="checkbox"/> QLD <input type="checkbox"/> NT <input type="checkbox"/> SA <input type="checkbox"/> TAS <input type="checkbox"/> VIC <input type="checkbox"/> WA	
Are you also:		RTO?		ANP?		Not for profit?	
		Choose an item.		Choose an item.		Choose an item.	
Are you also applying for GTO registration in NSW?							Choose an item.
DECLARATION							
<input type="checkbox"/> I certify that the information provided in this application, including any attached documents, is true and accurate.							
<input type="checkbox"/> 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.							
<input type="checkbox"/> 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.					