This form is to be used by registered training organisations (RTOs) to enter into an agreement with NT WorkSafe to deliver general construction induction training (GCIT) in the Northern Territory.

Applications will only be accepted from RTOs who have scope of registration in the Northern Territory to deliver and assess the approved GCIT unit of competency - CPCWHS1001 Prepare to work safely in the construction industry.

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| 1. **RTO details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name: | | | |  | | | | | | | | | | | | | | | | ABN: | | |  | | | | | | |
| ASQA registration code: | | | | | |  | | | State/Territory of registration: | | | | | | | | | | | | | |  | | | | | | |
| Applicant name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | |  | | | | | | | State: | | |  | | | | | | | | Postcode: | | | | |  | | |
| Is your postal address the same as above? (If no, complete below) | | | | | | | | | | | | | Yes | |  | | | | | | No | | |  | | | | | |
| Postal address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | | | | State: | |  | | | | | | | | Postcode: | | | | |  | | |
| Phone number: | | |  | | | | | | | | | Mobile number: | | | | | |  | | | | | | | | | | | |
| Email address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **RTO declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **As an authorised representative of the RTO, I am aware that to maintain status as an approved RTO to deliver GCIT the RTO must:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Condition** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** |
| Notify NT WorkSafe of any changes in contact details within 28 days of occurrence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Notify NT WorkSafe of any status changes with the Australian Skills Quality Authority. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Ensure all general induction training is delivered as a structured course of face-to-face delivery. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Agree to be prepared where reasonably practicable, to deliver training to Territorians in remote locations. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Verify applicants identity by way of photo ID and record their details and date of training. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Issue a statement of attainment/written declaration by the person who provided the GCIT that the applicant has successfully completed GCIT no later than 14 days after completion of training. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Agree to participate in audits conducted by NT WorkSafe. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 1. **Permission to publish on the NT WorkSafe website** - If the application to deliver GCIT is successful, the RTO will be listed on the NT WorkSafe website. Indicate your preferences: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RTO name: | |  | | | | | | Phone number | |  | | | | | | | Email address: | | | | | | | | |  | | | |
| I agree to ensure the contact details held and published by NT WorkSafe are current and valid. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| I understand that NT WorkSafe is not endorsing any provider of products or services by facilitating access to  information regarding training providers from its web pages. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 1. **Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, the undersigned person making this application and authorised representative of the RTO, hereby solemnly and sincerely declare that the statements made in this application are true and correct in every particular and any conditions listed above will be adhered to.  I understand that failure to comply with the conditions of this application may result in the cancellation of NT WorkSafe approval to deliver GCIT in the Northern Territory.  By signing this application you hereby authorise NT WorkSafe to provide other Government agencies/authorities with information relating to the accreditation and activities as a Registered Training Organisation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | |  | | | | | | | | | | | | | | Date: | | | | | |  | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application form is completed and signed | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Attached evidence of CPCWHS1001 – Prepare to work safely in the construction industry is on scope in the Northern Territory (www.training.gov.au print out/letter from ASQA). | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled by the *Information Act.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lodgement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completed applications can be lodged in person, email or via post at a NT WorkSafe below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone:** 1800 019 115 | | | | | | **Email:** ntworksafe@nt.gov.au | | | | | | | | | **Postal:** GPO Box 1722, Darwin NT 0801 | | | | | | | | | | | | | |
| **In person:** Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah NT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |