ACC3 - Notification of Transfer of Accredited Course Ownership

Complete this form if you have sold or otherwise transferred the ownership of your course.

Please email the completed form to [taccourseaccreditation@dtwd.wa.gov.au](mailto:taccourseaccreditation@dtwd.wa.gov.au).

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| SECTION 1: Course Details  *Provide the information on the relevant accredited course* | | | |
|  | | | |
| National Code: |  | Title: |  |
| Expiry date: |  | | |
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| National Code: |  | Title: |  |
| Expiry date: |  | | |
|  | | | |
| Date of effect - change of ownership: | | |  |
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| SECTION 2: Current course owner(s)  *Include the details of all owners of the course* | | | |

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| 2.1 | Details of owner | | |  |  |  |  |  |  |
| Organisation/Individual Name: | | | |  | | | | | |
| ABN/ACN (if relevant): | | | |  | | | | | |
| Provider number (if RTO): | | | |  | | | | | |
|  | | | | | | | | | |
| Details of additional owner (if required) | | | | | | | | | |
| Title: | |  | Surname: |  | | | Given Name(s): | |  |
| Job title: | |  | | | | | | | |
| Phone: | |  | | | | | Mobile: | |  |
| Email: | |  | | | | | | | |
| Postal address: | |  | | | | | | | |
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| 2.2 | Details of contact person for TAC and public enquiries on the National Register (training.gov.au) | | | | | | | | |
| Title: | |  | Surname: |  | | Given Name(s): | |  | |
| Job title: | |  | | | | | | | |
| Phone: | |  | | | | Mobile: | |  | |
| Email: | |  | | | | | | | |
| Postal address: | |  | | | | | | | |

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| SECTION 3: New course owner(s)  *Include the details of all new owners of this course* | | | | | | | |
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| 3.1 | Details of owner | | |  |  |  |  |
| Organisation/Individual name: | | | |  | | | |
| ABN/ACN (if relevant): | | | |  | | | |
| Provider number (if RTO): | | | |  | | | |
|  | | | | | | | |
| Details of additional owner (if required) | | | | | | | |
| Title: | |  | Surname: |  | | Given Name(s): |  |
| Job title: | |  | | | | | |
| Phone: | |  | | | | Mobile: |  |
| Email: | |  | | | | | |
| Postal address: | |  | | | | | |
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| 3.2 | Details of contact person for TAC and public enquiries on the National Register (training.gov.au) | | | | | | |
| Title: | |  | Surname: |  | | Given Name(s): |  |
| Job title: | |  | | | | | |
| Phone: | |  | | | | Mobile: |  |
| Email: | |  | | | | | |
| Postal address: | |  | | | | | |

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| SECTION 4: Declaration of current course owner(s)  *All current course owners must sign this declaration* | | | | |
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| 4.1 | Current course owner(s) | |  |  |
| I confirm that the ownership of the course listed in this notification has been sold, transferred or otherwise assigned to the individual or organisation shown at Section 4 | | | | |
| I have explained the obligations of course owners to the new owner(s) of the course as outlined in the [AQTF2021 Standards for Accredited Courses](https://www.tac.wa.gov.au/SiteCollectionDocuments/AQTF%202021%20Standards%20for%20Accredited%20Courses.pdf) | | | | |
| I have notified any RTOs that have permission to deliver the course of the transfer of ownership | | | | |
|  | | | | |
| Surname: | |  | Given name(s): |  |
| Signature: | |  | Date: |  |
| Witness | | | | |
| Surname: | |  | Given name(s): |  |
| Signature: | |  | Date: |  |
|  | | | | |
| 4.2 | Additional course owner (if applicable) | |  |  |
| Surname: | |  | Given name(s): |  |
| Signature: | |  | Date: |  |
| Witness | | | | |
| Surname: | |  | Given name(s): |  |
| Signature: | |  | Date: |  |

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| SECTION 5: Declaration of new course owner(s)  *All new course owners must sign this declaration* | | | | |
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| 5.1 | New course owner(s) | |  |  |
| I confirm that all responses provided in this application are complete, true and correct. | | | | |
| I have read, understood, and agree to abide by the obligations of course owners as outlined in the [AQTF2021 Standards for Accredited Courses](https://www.tac.wa.gov.au/SiteCollectionDocuments/AQTF%202021%20Standards%20for%20Accredited%20Courses.pdf). | | | | |
| Should I decide to withdraw copyright permission from RTOs currently delivering the course, I agree to give sufficient notice to enable the RTOs to put transition arrangements in place for students already enrolled in the course. | | | | |
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| Surname: | |  | Given name(s): |  |
| Signature: | |  | Date: |  |
| Witness | | | | |
| Surname: | |  | Given name(s): |  |
| Signature: | |  | Date: |  |
|  | | | | |
| 5.2 | Additional new course owner (if applicable) | |  |  |
| Surname: | |  | Given name(s): |  |
| Signature: | |  | Date: |  |
| Witness | | | | |
| Surname: | |  | Given name(s): |  |
| Signature: | |  | Date: |  |