



## Approved courses for specified providers - Applicant's Details

The information required on this form is used to identify your organisation. The information will be checked and used in the assessment of your application to add a course or courses to Schedule 3 - Approved courses for specified providers, of the *VET Student Loans (Courses and Caps) Determination 2016*.

This form must be returned to the Department by the Applicant in *Excel* format, accompanied by a signed and scanned version in pdf. If you are unable to physically sign (the .pdf version), please contact the department so that we can discuss a reasonable adjustment.

Required Information		Applicant to fill in	
Full Legal Entity Name ( as per TGA )			
RTO Registration Number ( as per TGA )			Registering Body :
Preferred Australian Registered Business Name			
Head Office Address:	Street Address 1		
	Street Address 2		
	Suburb		
	State		
	Postcode		
Postal Address (if different):	Street Address 1		
	Street Address 2		
	Suburb		
	State		
	Postcode		
Australian Business Number (ABN)			
Australian Company Number (ACN)			
Incorporated Association Number <i>(eg. if the applicant is neither a Govt body or a company)</i>			
Year of original registration as an RTO			
Main Contact for this Schedule 3 Application:	First Name		Surname :
	Position		
	Phone number		Email address :
Primary VSL Contact (for day-to-day issues):	First Name		Surname :
	Position		
	Phone number		Email address :

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Signature of CEO or equivalent

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Name of CEO or equivalent

\_\_\_\_\_  
Date

