Before completing this form, please have ready to load all the required information as outlined in the Third-party Provider Application Checklist. Applications to add additional trainers can be made a later stage, if all required documents cannot be provided during the initial application process.

Incomplete applications will not be accepted. If you have any questions, please contact the team on [training@asthma.org.au](mailto:training@asthma.org.au?subject=Third%20Party%20Provider%20Application%20Question) or 1800 ASTHMA (1800 278 462)

**\*** Mandatory fields

|  |  |
| --- | --- |
| Organisation Details | |
| Business Name\* | Click or tap here to enter text. |
| Legal Name\* | Click or tap here to enter text. |
| Website address | Click or tap here to enter text. |
| ABN \* | Click or tap here to enter text. |
| ACN | Click or tap here to enter text. |
| Business Phone\* | Click or tap here to enter text. |
| Business E-mail | Click or tap here to enter text. |
| Business Location Address\* | Click or tap here to enter text. |
| Postal Address  *(if different)* | Click or tap here to enter text. |
| Organisation Contact Details | |
| Primary Contact Name\*  *(Full name)* | Click or tap here to enter text. |
| Primary Contact Number *(if different)* | Click or tap here to enter text. |
| Primary Contact Email  *(if different)* | Click or tap here to enter text. |
| Primary Contact Position\* | Click or tap here to enter text. |
| Additional Contacts | |
| Please list any additional contacts that can make enquiries on the organisations behalf *(Name, Position, Email)* | Click or tap here to enter text. |
| What can the additional contacts request on the organisations behalf | Ordering resources  Add additional trainers to agreement  Online training resets  Certificate reprints  Other *(please explain)* Click or tap here to enter text. |
| Trainers | |
| How many trainers will be registered under this agreement?\* | One  Two  Three  Other *(please include)* Click or tap here to enter text. |
| Please complete a trainer registration form *Appendix A* for each trainer being registered under this agreement | |
| Courses under agreement | |
| Please select all courses / units your organisation wishes to deliver:\* | 10760NAT Course in Asthma Awareness  10710NAT Course in Allergy and Anaphylaxis Awareness  HLTAID001 Provide cardiopulmonary resuscitation  HLTAID002 Provide basic emergency life support  HLTAID003 Provide first aid  HLTAID004 Provide an emergency first aid response in an education and care setting  22303VIC Verifying the Correct Use of Adrenaline Devices |
| What geographical area will training be delivered (state, suburb or region/s) | Click or tap here to enter text. |
| Declaration | |
| I declare the information is true and complete\*  I declare all required organisation documents have been submitted\*  I declare all required documents for each trainer has been submitted\*  I agree to my organisation details being promoted by Asthma Australia  I would like our statements of attainment to be co-branded with our company logo | |
| Signed: |  |
| Name: | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Documents Included | |
| Public Liability Insurance\*  Equipment Declaration\* | |

|  |  |
| --- | --- |
| Trainer Details | |
| Full Name\* | Click or tap here to enter text. |
| Phone\* | Click or tap here to enter text. |
| E-mail\* | Click or tap here to enter text. |
| Business Location Address\* | Click or tap here to enter text. |
| Postal Address  *(if different)* | Click or tap here to enter text. |
| Courses Trainer Will Deliver | |
| All courses under agreement; or only (select below courses)  10392NAT Course in Emergency Asthma Management (or its successor)  10710NAT Course in Allergy and Anaphylaxis Awareness  HLTAID001 Provide cardiopulmonary resuscitation  HLTAID002 Provide basic emergency life support  HLTAID003 Provide first aid  HLTAID004 Provide an emergency first aid response in an education and care setting  HLTAID006 Provide advanced first aid (when applicable) | |
| Trainer Documents | |
| Certificate IV in Training and Assessment (or higher)  Required qualification for each course being delivered  Resume or CV  Industry Experience and Skills Evidence  100 Points of Identification  Working with children’s check  Two Work Referees | |
| Comments | |
| Click or tap here to enter text. | |