



# ACC2 – Application for Amendment to Accredited Course

## SECTION 1: Applicant Details

### 1.1 Course owner

Legal Entity/Individual who owns copyright:	
Trading name:	
Provider number (if RTO):	

### 1.2 Contact details

Name:			
Street address:			
Postal address: (if different from street)			
Telephone:		Mobile:	
Email address:			

## SECTION 2: Proposed Amendments to the Course

Course Code:		Course Title:	
Accreditation:	From _____/_____/_____ to _____/_____/_____		

## SECTION 3: Proposed amendments to the course

*Please tick relevant boxes below to indicate the nature of the proposed amendments and provide details in Section 5*

### 3.1 Minor Amendments – no application fee payable

<input type="checkbox"/>	Update of imported units – where the new unit is equivalent to the superseded unit
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### 3.2 Significant Amendments – application fee payable

<input type="checkbox"/>	Update of imported units – where the new unit is <b>not</b> equivalent to the superseded unit	<input type="checkbox"/>	Changes to volume of learning or nominal duration
<input type="checkbox"/>	Changes to delivery and/or assessment requirements	<input type="checkbox"/>	Changes to trainer/assessor requirements
<input type="checkbox"/>	Changes to course structure through addition or deletion of streams or units	<input type="checkbox"/>	Changes to entry requirements
<input type="checkbox"/>	Changes to number of units required for award of qualification	<input type="checkbox"/>	Other – please explain

## SECTION 4: Stakeholder Involvement in Proposed Changes to Course

*Please list stakeholders consulted in determining the proposed changes to the course*

Name	Organisation	Phone number	Email address


**SECTION 5: Mapping of Amendments to Course**

Superseded Unit (Code/Title)	Current Unit (Code/Title)	Summary of Changes	Equivalent Yes/No

**SECTION 6: Applicant Declaration**

I, \_\_\_\_\_ (insert applicant name)

declare that:

All the information provided in this application is true, correct and complete

I have the authority to make this application because:

I am the **sole** copyright owner of the course  
OR

I have been authorised by all other parties who own this course  
\*please attach letters from other owners confirming permission for this application

**IMPORTANT –Please email your completed application to [taccourseaccreditation@tac.wa.gov.au](mailto:taccourseaccreditation@tac.wa.gov.au) together with the following documents:**

- ACC1 Application for Course Accreditation/Reaccreditation an
- Amended course document
- Attachment A Mapping Document