



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, together with the amended [ACC1 – Application for Course Accreditation or Reaccreditation](#) showing details of new owners(s), to taccourseaccreditation@des.wa.gov.au

SECTION 1: Course Details

Provide the information on the relevant accredited course(s)

National Code:		Title:	
Expiry date:			
National Code:		Title:	
Expiry date:			
Date of effect of change of ownership:			

SECTION 2: Current course owner(s)

Include the details of all owners of this course

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:		Fax:		Mobile:	
Email:					
Postal address:					

2.2 Details of contact person for TAC and public enquiries on the National Register (www.training.gov.au)

Title:		Surname:		Given Name(s):	
Job title:					
Phone:		Fax:		Mobile:	
Email:					
Postal address:					



Training Accreditation Council
WESTERN AUSTRALIA

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**SECTION 3: Declaration of current course owner(s)**

All current course owners must sign this declaration

3.1 Current course owner(s)

I confirm that the ownership of the course(s) 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 AQTF Standards for Accredited Courses 2007

I have notified the RTO(s) that I have given copyright permission to deliver the course and of the transfer of ownership

Surname:		Given name(s):	
Signature:		Date:	
Witness			
Surname:		Given name(s):	
Signature:		Date:	
Surname:		Given name(s):	
Signature:		Date:	
Witness			
Surname:		Given name(s):	
Signature:		Date:	

SECTION 4: New course owner(s)

Include the details of all new owners of this course

4.1 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:		Fax:		Mobile:	
Email:					
Postal address:					

4.2 Details of contact person for TAC and public enquiries on the National Register (www.training.gov.au)

Title:		Surname:		Given Name(s):	
Job title:					
Phone:		Fax:		Mobile:	
Email:					
Postal address:					

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**SECTION 5: Declaration of new course owner(s)**

All new course owners must sign this declaration

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 AQTF Standards for Accredited Courses 2007

Should I decide to withdraw copyright permission from RTOs currently delivering this course, I agree to give sufficient notice to enable the RTOs to put transition arrangements in place for students already enrolled in the course

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:	

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