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| --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. |
| Northern Territory (NT) based organisations wishing to be registered to operate in the NT, as a Group Training Organisation must complete and submit the attached application to the Department of Industry, Tourism and Trade (the Department).  The application comprises of the following components:  • Meeting the requirements outlined in the application form and NT Group Training Guidelines;  • Submission of a business case;  and  • Provision of evidence of compliance with the National Standards for Group Training Organisations 2017.  Each application will be assessed and considered on its own merit, and needs to demonstrate that the organisation has local management and administrative resources to function as a GTO in the NT.  The completed application, comprising of the three components above, should be marked ‘Confidential’ and addressed to [trainingoperations@nt.gov.au](mailto:trainingoperations@nt.gov.au) – Program Officer (GTOs).  For GTO application enquiries please send to email address above or phone (08) 8935 7716.  PLEASE ENSURE ALL SECTIONS OF THIS FORM ARE COMPLETE. ADDITIONAL DOCUMENTATION TO SUPPORT THE APPLICATION CAN BE ATTACHED TO THE FORM. | |

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| Application Form – GTO Registration in the NT | | | |
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| Organisation Details (current) | | | |
| Legal entity: |  | | |
| Trading name: |  | | |
| ABN: |  | | |
| Physical address: |  | | |
| Postal address: |  | | |
| Website address: |  | | |
| Contact Details | | | |
| Contact Person |  | | |
| Position Title |  | | |
| Organisation |  | | |
| Physical address |  | Postcode: | State: |
| Postal address |  | Postcode: | State: |
| Contact details | **Telephone:** | | |
| **Email:** | | |

1. Details of the proposed Group Training Organisation
   1. What is the legal entity or proposed legal entity for the GTO in the NT (name and type)?

1. Is the business name already registered?

If yes, attach evidence of the certificate of business name registration.

If no, what is the proposed business name and timeframe for its registration?

1. If the organisation is not-for-profit please provide / attach evidence, for example. Articles / Memorandum of Incorporation or Association.
2. Please provide / attach evidence that the organisation has been formed in accordance with Corporation Law.
3. What is/will be the current/proposed physical address for the group training organisation in the NT?

1. Compliance with National Standards for Group Training Organisations
   1. Provide / attach evidence of compliance with the National Standards for Group Training Organisations. (E.g. letter of compliance from audit).

1. Financial Viability
   1. Please attach the latest annual audited financial statement for the organisation for the last two years. This would need to include:

Statement of financial position

Cash flow statement

Please Note: The Department will also undertake a due diligence check through Equifax on the business and its current financial viability.

1. Registration type
   1. GTOs can be registered to operate in various industry sectors. Please provide details of the type of registration being sought in the NT.

1. Competitive and sustainable advantage
   1. What will the GTO bring to the apprenticeship and traineeship market in the NT?

b. How does the GTO intend to remain sustainable in the NT?

1. Market and size trends
   1. Estimate the demand (i.e. number of apprentice / trainees / employer) for the new GTOs services. These figures need to be consistent with and support the data provided in the table (schedule 1) relating to Employment Projections and Mix. Describe the potential future growth.

# Please attach letters of support from proposed client groups evidencing their intention to use the proposed group training organisation.

1. Clients
   1. Discuss the proposed clients of the organisations services. For example, they may be defined by geographic location, gender, industry sectors.

b Provide details of support received from potential host employer’s, relevant industry peak bodies, such as the Industry Skills Advisory Council NT (ISAC NT), industry associations, local economic development boards, etc. Attach copies of written support.

Please attach letters of support from proposed client groups evidencing their intention to use the proposed group training organisation.

1. Business Development

Describe the processes required to bring the GTO’s services to a marketable state. For example, what processed in place to provide group training services to host employers, apprentices and trainees?

What is the anticipated date the organisation is targeting to commence group training activities (subject to recognition)?

1. Insurance
   1. a. List the type of insurances that the organisation has or intends to have, the level of coverage and the names of the insurer. For example, motor vehicle, public liability, professional indemnity, directors and officers insurance.

Please complete the attached schedule

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| --- |
| End of form |

## Schedule 1

Please provide estimated forecast of NT apprentice and trainee employment numbers in the table below:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employment forecast for 12 months for new commencements of apprentices/trainees: | | | | | | | | | | | | | |
| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total |
| Apprentices |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Trainees |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Declaration Statement**

I / We declare that the information provided in this form including all attachments is a true and correct account of our organisation’s recognition as a GTO in our home jurisdiction and that the data provided in the tables is true reflection of forecast employment of apprentice and trainee’s outcomes.

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Signed by (name in full) Signature Date  
 Authorised Organisation Delegate

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Witnessed by (name in full) Signature Date