Appendix 2 Additional nominated trainer

Business name						
ABN/ACN						
Trading name						
RTO number			Registra	ation expiry	date	
Nominated train	er details		_			
	er is a person employ provider and who will on.					
	s are required to dec ory i.e. suspensions,					oceedings in
The applicant train this application.	ning provider is requir	red to provid	e details o	f at least on	e nominated	l trainer with
	ning provider must ga ted trainer(s) prior to					
	ning provider must at vell as certified evider and date of birth.					
	ning provider must at nonstrate compliance					
Name						
Date of birth		Contact r	number			
Postal address						
Town/suburb			State		Postcode	
Email address				<u>'</u>		
Nominated train	er declaration					
The information in of my knowledge.	this application and	documenta	tion submi	tted are true	e and correc	t to the best
I will comply with t	the ongoing obligatio	ns of approv	al as defir	ned by the c	onditions of	approval.
information with w	ork Health and Safet ork health and safet egarding any matter r	y regulators	in other St	ates, Territo		ng
Nominated trainer	signature			Date		

Authorised officers acceptance of approval condition					
Have each of your nominated trainers completed the nominated trainer declaration?					
Does each nominated trainer meet the requirements detailed in the guide?					
Have you attached certified copies of each nominated trainer's formal qualifications and evidence of identity, as well as details of their work experience?					
Authorised officers declaration					
As authorised officer(s) I/we declare:					
I have authority from the approved training provider to complete and submit this notification.					
The information in this notification and documentation submitted are true and correct to the best of my knowledge.					
I consent to the Work Health and Safety Commission making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.					
Name of authorised officer					
Position					
Signature Date					
Checklist					
Application form completed and declaration signed					
Attached certified copies of each nominated trainer's formal qualifications and evidence of identity					
Attached details of each nominated trainer's relevant work experience					
Authorised officer(s) completed the acceptance of approval conditions and declaration					
Make a copy of your full application (and all attachments) for your records					
Lodgement					
Complete notifications must be lodged via email to <u>WHSCommission@dmirs.wa.gov.au</u>					