

HIGHER EDUCATION NETWORK

ITECA Form M2.1 – Higher Education Network Member Application

PRIMARY CONTACT

Title — First Name — Surname —

Position —

Organisation —

Telephone — Mobile —

Email Address —

Postal Address —

Suburb — State — Postcode —

APPLICANT'S DETAILS

Legal Business Name —

Trading Name (If Different) —

ACN / ABN — Year Training Operations Started —

Guidance Note —

The information contained on this form is used to verify the credentials of the applicant.

As part of the verification process the Independent Tertiary Education Council Australia (ITECA) will validate the information supplied against records held by:

- Australian Securities & Investments Commission (ASIC);
- Tertiary Education Quality Standards Agency (TEQSA);
- Australian Skills Quality Authority (ASQA); and
- Independent corporate credit reference reporting agencies

The "Primary Contact" listed on the form will be the individual that ITECA will communicate with regarding membership matters including voting at annual general meetings. Upon approval the member organisation will be invited to nominate further individuals to receive information concerning events, regulatory compliance, market data and related information.

The information regarding the applicant's annual turnover is used to calculate the membership fee. This information is only used by ITECA staff and not disclosed to Directors or the membership. The amount declared may be independently verified.

REGISTRATION

TEQSA Registration Name —
[.....]
TEQSA Provider ID — [.....] TEQSA Registration Renewal Date — [.....]

FINANCIAL TEST

Financial Sustainability Requirement — [TICK ALL THAT APPLY - MINIMUM OF ONE]
[.....] The provider is CRICOS registered
[.....] Australian Government endorsed VET Student Loans Provider
[.....] The provider has a TPS policy covering 50% plus students
[.....] The provider has an ASTAS policy covering 50% plus students
[.....] The provider's training operations fall within an ACNC registration
[.....] Financial statements for the last full financial year are attached.

MANAGEMENT TEST

Fit And Proper Persons' Test — [ATTACHMENT MAY BE REQUIRED]
The applicant declares that no Directors, senior management or others able to exercise control over the applicant in the past five years have been:
▪ A Director of a company placed into liquidation or administration;
▪ Banned by ASIC to be a Director of a company
▪ Were a Director of a training provider with a registration canceled by TEQSA (National), ASQA (National), VRQA (Victoria), TAC (Western Aust.)
Applicant's Declaration:
[.....] Yes [.....] No – Attach explanatory statement

NOMINATOR

ITECA Member (Organisation) Name — [.....]
Person — [.....] Telephone — [.....]

APPLICATION FEE PAYMENT

Payment — [.....] \$165 Application Fee; and [.....] If approved full member fee
Method Of Payment — [.....] Visa [.....] Mastercard [.....] Amex [.....] Cheque [ENCLOSED]
Name On Card — [.....]
Card Number — [.....]
Signature — [.....] Expiry Date — [.....]/[.....]

DUAL SECTOR

ASQA Provider ID — [.....]
ASQA Registration Renewal Date — [.....]

REVENUE STATEMENT

Declare here turnover from all training sources (award and non-award) as this is used to determine the membership fee. This may be subject to third-party verification.
[.....]
..\$.....

PROFILE DATA

Student Numbers —
Full Time: Part Time:
Staff Numbers —
Full Time: Part Time:

Applicant's Declaration

The applicant warrants that they have read and understood the *ITECA Constitution* and associated bylaws and is committed to adhering to the rules of association and the conduct of members as set out in the *ITECA Code of Ethics*.

This declaration is made by an individual authorised to make the declaration on behalf of the applicant.

Signature — [.....]
Name — [.....]
Date — [.....]