



# APPROVED ORGANISATION TRAINER/ASSESSOR NOMINATION FORM

OFFICE USE ONLY												
Application No:	-											
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The **Approved Organisation Trainer/Assessor Nomination Form** may only be submitted by an Approved Organisation, or accompany an application to become an Approved Organisation.

Attach a separate sheet if insufficient space is provided for any response.  
 Note: A separate form must be submitted for each nominated trainer/assessor.

For further information refer to Security Licensing & Enforcement Directorate (SLED) Fact Sheet 10 - *How to become an Approved Trainer* - available from the SLED's website ([www.police.nsw.gov.au/sled](http://www.police.nsw.gov.au/sled)).

Please use a BLACK or BLUE PEN. Print clearly within the boxes in CAPITAL LETTERS.

## PART A: APPROVED ORGANISATION TO COMPLETE

### 1 APPLICANT DETAILS

1.1 Provide details of the Approved Organisation.

ORGANISATION NAME

REGISTERED BUSINESS/TRADING NAME (if applicable)

APPROVED ORGANISATION'S APPROVAL No.

NVR RTO No.  MASTER SECURITY LICENCE No.

### 2 NOMINATED TRAINER/ASSESSOR DETAILS

2.1 Provide details of the trainer/assessor nominated for approval.

LAST NAME  GIVEN NAME(S)

DATE OF BIRTH (dd/mm/yyyy)  SECURITY LICENCE NUMBER  LICENCE SUBCLASS/ES

2.2 Provide the nominated trainer/assessor's contact details

RESIDENTIAL ADDRESS (NOT a PO Box)

SUBURB/TOWN  STATE  POSTCODE

POSTAL ADDRESS  
 (IF SAME AS RESIDENTIAL ADDRESS WRITE 'AS ABOVE')

SUBURB/TOWN  STATE  POSTCODE

TELEPHONE NO (BUSINESS HOURS)  MOBILE OR OTHER  EMAIL ADDRESS (IF APPLICABLE)

2.3 Provide details of the Security Licence Courses that the nominated trainer/assessor will deliver, if approved. Please nominate if the trainer/assessor will carry on training/instruction and/or assessment in relation to each course by placing an X in the relevant box/es.

Security Licence Courses	Training/Instruction	Assessment
Class 1AC – Unarmed Guard / Crowd Controller	<input type="checkbox"/>	<input type="checkbox"/>
Class 1B – Bodyguard	<input type="checkbox"/>	<input type="checkbox"/>
Class 1D – Guard Dog Handler	<input type="checkbox"/>	<input type="checkbox"/>
Class 1E – Monitoring Centre Operator	<input type="checkbox"/>	<input type="checkbox"/>
Class 1F – Armed Guard	<input type="checkbox"/>	<input type="checkbox"/>

2.4 Provide details of any "stand-alone" units of competency that the nominated trainer/assessor will deliver, if approved. Please nominate if the trainer/assessor will carry on training/instruction and/or assessment in relation to each unit by placing an X in the relevant box/es.

Unit of Competency	Unit Code	Training/Instruction	Assessment
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

2.5 Provide a summary of information/documents used to establish and verify the trainer/assessor's vocational competence and relevant, recent industry experience for the courses and/or units of competency listed above.

### 3 DECLARATION AND CONSENT

3.1 This Declaration and Consent must be completed by the NVR RTO's Executive Officer or the nominated person for the organisation's Master security licence. There are severe penalties for providing information that is false and/or misleading.

I, ,  
(Executive Officer/Nominated Person)

the Executive Officer/Nominated person for ,  
(Approved Organisation)

- certify that the information contained in this application is true and correct in every detail;
- understand that giving false or misleading information is a serious offence; and
- consent to the disclosure by the relevant authority of information needed to verify any details I have given in this application.

The above declaration and consent does not alter any rights I may have under legislation.

SIGNATURE

DATE (dd/mm/yyyy)  

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**PART B: NOMINATED TRAINER/ASSESSOR TO COMPLETE**

**4 QUALIFICATIONS AND EXPERIENCE**

4.1 Provide details of your TAE40110 Certificate IV in Training and Assessment. (Please attach a copy of the qualification to the form.)

NAME OF ISSUING RTO	DATE OF ISSUE	CERTIFICATE No.
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

4.2 Provide details of your CPP40707 Certificate IV in Security and Risk Management. (Please attach a copy of the qualification to the form.)

NAME OF ISSUING RTO	DATE OF ISSUE	CERTIFICATE No.
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

4.3 What other relevant qualification/s do you hold? (Please attach copies of any qualification to the form.)

QUALIFICATION	RTO/INSTITUTION	DATE ISSUED

4.4 How long have you been involved in the security industry?

years

4.5 Outline the roles you have held in the security industry during the past 10 years?

POSITION TITLE	KEY RESPONSIBILITIES	EMPLOYMENT PERIOD	EMPLOYER

4.6 Outline how your experience in the security industry (or in a closely related industry) provides you with the expertise and vocational competence to provide the training, assessment and instruction of competencies that you intend, if approved.

4.7 Outline your experience in the development of competency based training, assessment and instruction that aligns with nationally recognised units of competency or qualifications.

4.8 Outline your experience in the delivery of competency based training, assessment and instruction.

**5 DECLARATION AND CONSENT**

5.1 I,

(Nominated Trainer/Assessor)

- certify that the information contained in this form is true and correct in every detail;
- understand that giving false or misleading information is a serious offence;
- consent to the disclosure by the relevant authority of information needed to verify any details I have given in this application;
- understand that I will be required to undertake, and complete to the satisfaction of the SLED, a knowledge assessment;
- agree to demonstrate to the SLED, as may be required, that I continue to meet the Approved Trainer Criteria.

The above declaration and consent does not alter any rights I may have under legislation.

SIGNATURE

DATE (dd/mm/yyyy)

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**Forward the completed application form to:**

Security Licensing & Enforcement Directorate  
NSW Police Force  
Locked Bag 5099  
PARRAMATTA NSW 2124