# **ACC1 – Application for Course Accreditation/ Reaccreditation**

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| **Information about the Application** |
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# **Type of Application**

# **Application for accreditation of a new course**

# Title of proposed course

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# **Please note that a 100 character limit applies to course titles (including spaces).**

# Intended outcomes of proposed course

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# **\* Please complete Question 1 only.**

# **Application for reaccreditation of an accredited course**

# Details of previous course

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| --- | --- | --- | --- |
| Course Code: |  | Course Title: |  |
| Accreditation period: | From \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | | |

# **Please note that a 100 character limit applies to course titles (including spaces).**

# **Please also note that if the course is reaccredited, the new course will be allocated a new course code.**

# Intended outcomes of reaccredited course

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# **\* Please complete Question 2 only.**

# **Accreditation of a new course – Research and consultation for course development**

# **Why is there a need for the course?**

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# **Describe the target market for your course**

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# **Provide details of research conducted to establish the need for the course**

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# **Details of all parties consulted to establish the need for the course**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Organisation | Phone | Email |
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* 1. **What is the evidence that there is a market for the course?**

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# **What is the reason for seeking accreditation (national recognition) of the course?**

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# **Provide details of research conducted to confirm that the course does not duplicate, by title or coverage, the outcomes of an endorsed Training Package qualification, unit of competency, skill set or accredited course**

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# **Does the course fall within the industry coverage of a Skills Service Organisation (SSO)?**

# *If the course falls within the industry coverage of a SSO, the relevant SSO must be consulted to:*

# *establish the need for the course; and*

# *confirm that course outcomes do not duplicate outcomes in an endorsed Training Package qualification, unit of competency or skill set*

# **No** **Yes** – information about SSOs is available at:

# <https://www.aisc.net.au/content/skills-service-organisations>

# If yes, please list the relevant SSO(s) consulted

|  |  |  |
| --- | --- | --- |
| Skills Service Organisation | Name | Phone/Email |
|  |  |  |

# **Does the course lead to a licensed or regulatory outcome?**

# *If the course leads to a licensed/regulatory outcome, the relevant national and state licensing bodies must be consulted to:*

# *establish the need for the course; and*

# *ensure the course will be recognised for licensing/regulatory purposes*

# **No** **Yes**

# If yes, please list the relevant industry regulator/licensing body consulted

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| --- | --- | --- |
| Industry regulator | Name | Phone/email |
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# **Reaccreditation of an accredited course – Review of the course for reaccreditation**

# **What is the evidence that there is an ongoing market for the course?**

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# **Provide details of research conducted to confirm that the course does not duplicate, by title or coverage, the outcomes of endorsed Training Package qualifications/units of competency/skill sets or accredited courses**

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# **Does the course fall within the industry coverage of a Skills Service Organisation (SSO)?**

# *If the course falls within the industry coverage of a SSO, the relevant SSO must be consulted to:*

# *confirm the ongoing need for the course; and*

# *confirm that course outcomes do not duplicate outcomes in endorsed Training Package qualifications, units of competency or skill sets*

# **No** **Yes** – information about SSOs is available at:

# <https://www.aisc.net.au/content/skills-service-organisations>

# If yes, please list the relevant SSO(s) consulted

|  |  |  |
| --- | --- | --- |
| Skills Service Organisation | Name | Phone/Email |
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# **Does the course lead to a licensed or regulated outcome?**

# *If the course leads to a licensed/regulated outcome, the relevant national and state licensing bodies must be consulted to:*

# *establish the need for the course; and*

# *ensure the course will be recognised for licensing/regulatory purposes*

# **No** **Yes**

# If yes, please list the relevant industry regulator/licensing body consulted

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| --- | --- | --- |
| Industry Regulator | Name | Phone/Email |
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# **Provide details of the review undertaken to confirm that course outcomes are current and relevant to the needs of the industry/sector**

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# **Details of all stakeholders consulted to review and validate the course to confirm currency and relevance to the needs of the industry/sector**

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| --- | --- | --- | --- |
| Name | Organisation | Phone | Email |
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# **List the main changes to the course arising from consultations with stakeholders**

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# **Course enrolments & completions**

# **How many learners are currently enrolled in the course?**

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# **How many learners have completed the course during the period of accreditation?**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year 1 |  | Year 2 |  | Year 3 |  | Year 4 |  | Year 5 |  |

# **Supporting Evidence**

# Applications for course accreditation or reaccreditation cannot be fully assessed unless all supporting evidence is included. Please check that the following evidence is included with this form:

# Completed Course Document

# Copies of all units of competency/modules contained in the course (including imported units)

# Evidence of consultation with other stakeholders for the development of the course

# Letters of support for the course

# Evidence of consultation with stakeholders to review the course for reaccreditation

# Evidence of industry validation of the course

# Evidence of consultation with a Skills Service Organisation (SSO) (if applicable)

# Evidence of consultation with a WA Training Council (if applicable)

# Evidence of consultation with industry licensing/regulatory bodies - (if applicable)

# Evidence of recognition of the course by professional bodies (if applicable)

# Other – please describe below

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**Applicants are to submit all course accreditation applications via email to:** [**taccourseaccreditation@dtwd.wa.gov.au**](mailto:taccourseaccreditation@dtwd.wa.gov.au)