

Training Accreditation Council



## ACC2 – Application for Amendment to Accredited Course

SECTION 1: Applicant's details				
1.1 Course owner				
Legal Entity/Individual who				
owns copyright:				
Trading name:				
Provider number (if RTO):				
1.2 Contact details				
Name:				
Street address:				
Postal address:				
(if different from street)				
Telephone:	Mobile:			
Email address:				

SEC	SECTION 2: Course details					
Cοι	ırse Code:	Course Title:				
Acc	reditation:	f accreditation. Applications 's expiry date.				
SEC	TION 3: Pr	oposed amendments to course				
Plea	ise select the	option that best describes the proposed amendments.				
	Update to the units ar	No application fee or external review required				
	Update to l the units ar Section 6)					
	Addition or	Amendment application				
	Minor ame change the	fee* and external review required				
Other minor amendments that do not change the original intent or outcome of the course (please provide details):			*Please see <u>www.wa.gov.au/tac</u> for current course accreditation fees.			

Document title	Version	Date Created	Document Number
ACC2 – Application for Amendment to Accredited Course	V01-24	31/01/2024	TWD/D24/0018899

**Please note** that changes significant enough to alter the original intent or outcome of the course are not considered amendments. For example (list is not exhaustive):

- Addition or removal of core or prerequisite unit/s
- Addition of new stream/s
- Changes to the number of units required for completion of the course
- Changes to the title or AQF level of the course
- Changes to assessment requirements (e.g. adding or removing mandatory workplace assessment)
- Changes to wording or content of unit/s that change the outcome (e.g. changing 'may' to 'must')

If you wish to make changes of this nature, you will need to submit a course reaccreditation application.

SECTION 4: Rationale for proposed amendments to course Please explain briefly why you are applying to amend the course.

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SECTIO	N 5: Stakeholder inv	olvement					
	Please list the stakeholders consulted when determining that changes to the course were required. If more stakeholders were consulted, please include additional pages.						
Name		Organisation		Position			
Phone		Email					
	the feedback d by this party						
experie	it industry nce and credentials to the course						

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Name		Organisation	Position	
Phone		Email		
	the feedback d by this party			
experie	t industry nce and credentials to the course			

SECTIO	SECTION 5: Stakeholder involvement - <i>continued</i>				
Name		Organisation		Position	
Phone		Email			
	the feedback d by this party				
experie	it industry nce and credentials to the course				

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Name	Organisation	Position	
Phone	Email		
Outline the feedback provided by this party			
Relevant industry experience and credentials related to the course			

SECTION 6: Mapping of updates to units of competency (if applicable)				
Superseded Unit (Code/Title)	Current Unit (Code/Title)	Summary of Changes	Equivalent? (Yes/No)	

## **SECTION 7: Applicant's declaration**

Ι, \_\_\_\_

declare that:

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<sup>(insert applicant name)</sup> All the information provided in this application is true, correct and complete

I have the authority to make this application because:

I am the sole copyright owner of the course

OR

I have been authorised by all other parties who own this course \*Please attach letters from other owners confirming permission

## Please email your completed application to <u>taccourseaccreditation@dtwd.wa.gov.au</u> together with the following documents:

Original, non-watermarked course document with proposed changes <u>tracked</u> or <u>highlighted</u>; and Original, non-watermarked units of competency with proposed changes <u>tracked</u> or highlighted.