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| **Individual Membership Application Form** |

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|  | **About you** |
| Full name: |  |
| Postal address: |  |
|  |  |
| Town: |  |
| State: |  |
| Postcode: |  |

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|  | **About the training you deliver** |
| Are you an employee of an RTO, or do you work as a contractor to RTOs: |  |
| How long have you worked in the VET industry: |  |
| How often do you deliver training: |  |

You will need to provide details of referees, who can confirm you are an active trainer, assessor and/or facilitator in industry. This can be someone in an RTO you work with or for, or a client you have delivered training to.

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|  | **Referee 1** |
| Name: |  |
| Company / Position: |  |
| Email: |  |
| Mobile #: |  |

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|  | **Referee 2** |
| Name: |  |
| Company /Position: |  |
| Email: |  |
| Mobile #: |  |

Please include with your application copies of: Your CV, relevant qualifications (training and assessment and industry, and a matrix to show the qualifications and/or units of competency you are deemed approved to deliver. All information to be treated confidentially.

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| ***\*Application nominated by:*** |  | ***Date:*** |
| ***\*Seconded by:*** |  | ***Date:*** |

***\*****All new applications for membership require a formal nomination from an existing Association member. Please include the names of the existing members who are nominating you,* ***or leave the field blank if you haven't yet arranged this.***

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| Please email the completed form to:  memberservices@ertoa.org.au |