This form is for organisations that wish to have an emergency asthma management and/or anaphylaxis management training course approved by ACECQA. ACECQA determines the qualifications required to be held by educators working in early childhood education and care services (section 225(1)(p) *Education and Care Services National Law,* regulations 137 and 138 Education and Care Services National Regulations).

The ACECQA *Guidelines for Approval of Emergency Asthma Management and / or Anaphylaxis Management Training* provide information to assist your organisation complete and lodge this application.

A. Training details

1. **Organisation details** Organisation name
2. **Training details** Course name

Unit of competency/

course code

*(if applicable)*

Duration of training

Delivery mode(s)

1. **Training focus** [ ]  Emergency asthma management training

[ ]  Anaphylaxis management training

[ ]  Emergency asthma management and anaphylaxis management training

***Please note, if you are seeking to have your emergency asthma management or anaphylaxis management training approved for first aid purposes, you will need to submit the ‘Qualifications assessment application for First Aid training’ form.***

B. Contact for application

1. **Personal details** Title (Mr, Mrs, Ms, Miss) Position title

Given name

Family name

1. **Contact details** Email address

Address line 1

Address line 2

Suburb/Town

State/Territory Postcode

( )

 Phone number

C. Documentary evidence to submit with your application

1. **Evidence to submit** Please ensure the following documents are included in your application:

[ ]  Full training outline

[ ]  Evidence of national endorsement or state/territory accreditation or consultation with and acceptance by technical experts and practitioners

[ ]  Statement of suitability of training for education and care services

[ ]  Additional material (please specify)

***Please note: your application will not proceed without these documents***

D. Payment details

1. **Application fee**  The [current fee](https://www.acecqa.gov.au/resources/applications/indexation-of-fees) is available on our website. The fee is in Australian dollars

and is not subject to GST.

1. **Payment options** [ ]  Australia Post money order – *payable to ACECQA*

[ ]  Bank cheque (personal cheques will not be accepted) - *payable to ACECQA*

[ ]  Credit card *(Visa or MasterCard only) – pay online or by phone*

**Online/Phone** Pay online at [www.acecqa.gov.au/payonline](http://www.acecqa.gov.au/payonline)

 Pay by phone – please call (02) 8240 4200 9am-5pm AEST Monday – Friday.

Receipt number

***Please note: If you are paying by credit card, ACECCQA cannot process your application without the receipt number provided as proof of payment.***

E. Enquiries

If you have any general enquiries about reviews, please contact us on 1300 4 ACECQA (1300 422 327) or email us at enquiries@acecqa.gov.au.

F. Privacy notice

Australian Children’s Education and Care Quality Authority’s will use the information you have provided to make an assessment of the training for approval to be published on the ACECQA) website. Information will be held in line with responsibilities under section 273 (Duty of confidentiality) of the *Education and Care Services National Law*. ACECQA may need to disclose particular information about an application to some third parties to finalise a recommendation. An applicant will be contacted to discuss this process where the matter relates to specific content of a course.

G. Declaration and consent

1. **Applicant declaration** I, (authorised person)

declare that:

* the information provided in this application form (including any attachments) is true, complete and correct;
* I have read and understood the criteria for this qualification and training approval assessment;
* I have read and understood the information contained in the Guidelines;
* I understand that if additional supporting documents are requested and they are not provided by the specified date, this application may be rejected and the applicant will not be entitled to a refund;
* I understand if false or misleading information is submitted, ACECQA will decline to assess my application*;*
* I undertake to inform ACECQA of any changes to my circumstances while my application is being considered;
* I authorise ACECQA to make any enquiries necessary to assist in the completion of the enclose qualification approval application for the purpose of verifying details

 Signature of authorised

 person\*

 DAY MONTH YEAR

 / /

Date

***An authorised person can be the Dean, Head of School, Delegate or other appropriately empowered person.***

H. Submitting your application

1. Please ensure that:
* all sections of the application form are complete
* your information has been clearly recorded and is easy to read
* all your supporting documents are attached

If your application is incomplete, the processing of your will be delayed. The completed application form, fee payment and supporting documents must be submitted to:

**Email:** apply@acecqa.gov.au

**Post: Qualifications Assessment Team**

ACECQA

PO Box A292

SYDNEY NSW 1235