



Attachment A: Related Entity Education Placement Request Form

A Provider must complete this form to seek approval from the Department to place a Participant into a course delivered by a Related Entity. The Department may provide approval where it is satisfied the Provider has demonstrated that:

- the proposed qualification is highly relevant to the Participant; and
- other nearby or online courses offering a similar qualification are less suitable for the Participant.

Participant details

Title	First Name	Family Name	JSID	CRN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DES Provider details

DES Provider organisation	Office location	Office code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact person name	Email	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Related Entity details

Education/training organisation (Related Entity) name	ABN
<input type="text"/>	<input type="text"/>

Relationship between DES and education/training organisations

Proposed qualification details

Course Name	Qualification Level and Title
<input type="text"/>	<input type="text"/>

Why this qualification is needed *(Complete as relevant)*

<input type="checkbox"/> Matches participant interests/aspirations	<input type="checkbox"/> Employment pathway Identified in Job Plan	<input type="checkbox"/> Meets local job market needs	<input type="checkbox"/> Applicable participant skills/experience
--	--	---	---

Supporting details



Why the qualification needs to be delivered by the Related Entity *(Complete as relevant)*

Local courses: Similar course not available Participant cannot attend Participant cannot complete

Online courses: Similar course not available Participant cannot access Participant cannot complete

Supporting details

Email this form and any attachments to your Relationship Manager.

Notes

- The Department may request further information where required.
- Requests will generally be processed within 10 Business Days of receipt of all relevant information.
- Providers may not anticipate that requests for placement with a Related Entity will be approved by the Department.
- The Department’s approval on this form must be uploaded to the Department’s IT Systems as Documentary Evidence of the Department’s prior approval of the placement.

Decision – Departmental Use Only

Related Entity placement is: Approved Not approved

Assessing officer signature

Identifier

Date

Comments