**Notification of Amendment to Delivery Locations**

## About this form

Use this form to:

* Add or delete permanent University VET delivery sites.

Complete approval details for:

* Faculty Board
* VET CQC

***Submit completed form to Quality Services for processing.***

## Submitting the form

Once this form has been completed and been through the appropriate approval process, in accordance with the VET Program Approval and Maintenance Procedure, this form can be emailed to [quality@federation.edu.au.](mailto:quality@federation.edu.au.)

## Help with this form

For assistance in completing this form, please contact Quality Services by emailing: [quality@federation.edu.au.](mailto:quality@federation.edu.au.)

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| --- |
| **Section 1 Applicant details** |

|  |  |
| --- | --- |
| Name of Faculty |  |
| Name of Department |  |
| Education Manager / Coordinator |  |

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| --- |
| **Section 2 Qualification details** |

**Permanent delivery site/s** — Detail delivery sites to be added or removed (This section is to add or remove permanent RTO delivery sites)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Delivery site |  | | | Add |  | | Delete |  |
| Street address |  | | | | | | | |
| Contact person | | | | | | | | |
| Title |  | Surname |  | | | | | |
| Given name(s): |  | | | Position | |  | | |
| Email |  | | | Phone | |  | | |

**Domestic delivery locations** — Indicate all locations where qualifications/accredited courses are being delivered

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **National code of qualification or accredited course** | **Title of qualification or accredited course** | **Training and/or assessment delivery locations** | | | | | | | |
| ACT | NSW | NT | QLD | SA | TAS | VIC | WA |
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**Offshore delivery locations**—Indicate all locations where qualifications/accredited courses are being delivered (List the qualification/accredited course as many times as required next to the relevant country and city

|  |  |  |  |
| --- | --- | --- | --- |
| **National code of qualification or accredited course** | **Title of qualification or accredited course** | **Delivery locations** | |
| **Country** | **City** |
|  |  |  |  |
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| **Section 3 Rationale for addition / deletion of location** |

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| **Section 4 Approval details** |

**3.1 Faculty Board approval**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Faculty Approval** | | Approved |  | Not approved |  |
| Meeting Date |  | | | | |

**3.2 VET CQC approval**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **VET CQC Approval** | | Approved |  | Not approved |  |
| Meeting Date |  | | | | |