**VET Removal from Scope of Registration Impact Statement**

*This form must be completed electronically. When completed please return as a scanned copy to the* ***Director Operations****.*

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| **A signed Impact Statement is required from the following Education Managers:** |
| Federation TAFE  Federation College |

**Part 1 – General:** *to be completed by the Program Coordinator/Education Manager*

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| **Department:** |  |

**Proposed qualification, accredited course, unit of competency, module or skill set to be removed from Federation University Scope of Registration**

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| --- | --- | --- | --- |
| **National code of qualification, accredited course, unit of competency or module** | **Title of qualification, accredited course, unit of competency, module or skill set** | **Proposed Date of Removal** | **Is this qualification superseded?** |
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**Part 2 – Response to Proposal:** *to be completed by the Education Manager*

**1.** This proposal is supported for **all** qualifications, accredited courses, units of competency, modules or skill sets listed as there is no impact on my Department upon deletion from the Federation University Scope of Registration.

**2.** This proposal is supported for the following qualifications, accredited courses, units of competency, modules or skill sets as there is no impact on my Department upon deletion from the Federation University Scope of Registration.

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| **National code of qualification, accredited course, unit of competency or module** | **Title of qualification, accredited course, unit of competency, module or skill set** |
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**3.** This proposal is **not** supported for the following qualifications, accredited courses, units of competency, modules or skill sets as it will impact on my Department.

Where relevant, identify implications or any impact for your Department for the deletion of the proposed qualifications, accredited courses, units of competency, modules or skill sets from Federation University Scope of Registration

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| **National code of qualification, accredited course, unit of competency or module** | **Title of qualification, accredited course, unit of competency, module or skill set** | **Reason** |
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| **School:** | **Federation TAFE** | |
| **Name (Director Operations):** |  | |
| **Director Operations,** **or Nominee**  ***(Please sign)*** |  | **Date:**  \_\_\_\_/\_\_\_\_/\_\_\_\_ |