

# ATN Membership Application



<b>Legal Name of Organisation</b>			
<b>Trading Name</b> (if different from above)			
<b>Primary Contact Person</b>	<b>Name</b>	<b>Role title</b>	<b>Email</b>
<b>Telephone No</b>		<b>Fax</b>	
<b>Main Office</b> (postal address)			<b>Postcode</b>
<b>Street Address</b>			<b>Postcode</b>

**1 Is your organisation a Jobs Australia Member?**  Yes  No

If no, you are required to join Jobs Australia first (our membership officer will contact you).

**2 How many training delivery sites does your organisation operate?**

**3 Does your organisation hold current registration as a Registered Training Organisation?**  Yes  No

If yes, when does your RTO registration expire and what is your Training Organisation ID?

<b>Expiry date</b>	
<b>ID</b>	

**4 In which industry sectors do you actively provide training and assessment and learning services? (attach separate sheet if needed)**

**5 What does your organisation hope to achieve by joining the ATN? (attach separate sheet if needed)**

**Additional Contacts**

The Jobs Australia website is our key means of communication and includes news and updates, government policies and programs, tenders, key events, professional development and training, learning and skills information and resources.

All Jobs Australia members can access the website, which includes general information about employment and training services. These users will automatically be sent the Jobs Australia Weekly (JAW) Alert.

ATN members will have member-only access to the ATN section of the Jobs Australia website and will receive regular e-Newsletters and email updates on training developments relevant to your State or Territory.

Please detail additional ATN contacts from your organisation for access to services and resources.

Name	Position	Email	Telephone

**Please complete the following declaration**

I, (name) \_\_\_\_\_ being duly authorised to do so, hereby apply for membership of the Australian Training Network on behalf of

\_\_\_\_\_  
(Insert Legal Name of Organisation)

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please return this completed form by:**

Mail - PO Box 299, Carlton South VIC 3053

Fax - (03) 9349 3655

Email - [training@ja.com.au](mailto:training@ja.com.au)