

# Change of details for RTO or trainer

## Before you complete this form

### What this form is for:

- ▲ Use this form if you are a registered training organisation (RTO) that conducts training courses in responsible service of alcohol (RSA) and/or responsible conduct of gambling (RCG).
- ▲ You want to change details about your organisation, contact person, or trainers associated with your organisation.

### Cost

There is no charge for making this application.

### Note:

- ▲ Do not use this form to add or remove trainers. Use the CC0200 'Trainer notification from RTO' application form.
- ▲ Do not use this form to add or remove users of the online training portal. Use the CC0100 'Online portal access for RTOs' application form.
- ▲ Do not use this form to renew your approval to conduct training. Use the CC0600 'Approval/renewal for RTO to conduct RSA or RCG courses' application form.

All these forms are available at [liquorandgaming.nsw.gov.au](http://liquorandgaming.nsw.gov.au).

- ▲ RTO and trainers' information must be kept current.
- ▲ If information is missing, we'll reject the application or we'll need to ask you to supply the required information to support the application. This may delay our response.

### Please check

- Have you answered all questions in Part 1?
- Have you answered all questions in Part 2?
- Have you answered all questions in Part 3?
- Have you answered all questions in Part 4?
- Have you read and signed Part 5?

## How to lodge this form

@ [rto.enquiries@liquorandgaming.nsw.gov.au](mailto:rto.enquiries@liquorandgaming.nsw.gov.au)

Please complete the fields in this form using Adobe PDF.

Save a copy of your completed form on your computer and email it to [rto.enquiries@liquorandgaming.nsw.gov.au](mailto:rto.enquiries@liquorandgaming.nsw.gov.au).


To complete this form online, you need Adobe Reader 5.0 or later. You can download Adobe Reader at [get.adobe.com/reader](http://get.adobe.com/reader).

## Need more information?

 [liquorandgaming.nsw.gov.au](http://liquorandgaming.nsw.gov.au)

Search for 'Registered training organisation'.

@ [rto.enquiries@liquorandgaming.nsw.gov.au](mailto:rto.enquiries@liquorandgaming.nsw.gov.au)

 1300 024 720

## Your privacy

We will handle your personal information in accordance with the *Privacy and Personal Information Protection Act 1998*. It is being collected by Liquor & Gaming NSW and will be used for the purpose of processing your application and may be disclosed to other Government agencies for this purpose. You have the right to request access to, and correct details of, your personal information held by us. You can access further information on privacy at [liquorandgaming.nsw.gov.au](http://liquorandgaming.nsw.gov.au).

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# Change of details for RTO or trainer

**OFFICE USE ONLY** **CC0800**

Lodged by  Email  Mail  OTC

Date lodged

Triaged by

Receipt no.

Application no.

## Part 1 Details of RTO

RTO licence no.\*

CCR

**\*You must provide your CCR licence number on this form. Your form can't be processed without it.**

ASQA no.

ABN

ACN

## Part 2 Current contact details for RTO

Please answer all questions with your current details, even if you believe they have not been updated.

RTO name

Trading name

Email

Contact phone

## Business street address

Suburb/town/city

State  Postcode

Country if not Australia

Postal address as above

## Postal address

GPO/PO box or street address

Suburb/town/city

State  Postcode

## Part 3 RTO primary contact person – current details

Provide details of your current contact person, even if you think there have been no changes.

Position at RTO

Mr  Ms  Mrs  Miss  Other

Given name

Middle name

Family name

Date of birth

DD / MM / YYYY

Place of birth

Residential address

Suburb/town/city

State

Postcode

Contact phone

Email

Part 4 RTO secondary contact person – current details

Provide details of a secondary contact person, even if you think there have been no changes.

Position at RTO

Mr Ms Mrs Miss Other

Given name

Middle name

Family name

Date of birth

DD / MM / YYYY

Place of birth

Residential address

Suburb/town/city

State

Postcode

Contact phone

Email

Make copies of this page as required for additional trainers. Please only use one page per trainer.

Trainer licence no.\*

CCT

\*You must provide the trainer's licence CCT number. Updates cannot be made without it.

Training competency

- RSA Classroom, RCG Classroom, RSA Correspondence, RCG Correspondence, RSA Online

Trainer personal details

Mr Ms Mrs Miss Other

Given name

Middle name

Family name

Date of birth

DD / MM / YYYY

Place of birth

Residential address

Suburb/town/city

State    Postcode

Email

Contact phone

Are you advising of a change of name for this trainer?

Yes  No

If Yes, provide the trainer's previous full name

**Part 5 Declaration**

- ▲ I declare that the information I have provided is true, correct and complete, and that I have made all reasonable enquiries to obtain the information required to complete this form.
- ▲ I acknowledge that the failure to provide all required information may result in an inability to process this form or a delay in the processing of this form.
- ▲ I acknowledge that it is an offence to provide false or misleading information.
- ▲ I understand that specific details I have provided may be 'personal information' under the *Privacy and Personal Information Protection Act 1998*.
- ▲ I am authorised to provide this information on behalf of the organisation.

Name

Signature

Date