

Before you complete this form

What this form is for:

- Use this form if you are an ATP that delivers RSA, RCG, LT or ALT to change personal or contact details for your organisation, contact person or trainer.

There is no cost for submitting this form.

Note:

- Do not use this form to add or remove trainers. Use the CC0200 'ATP trainer registration form' application form.
- Do not use this form to add or remove users on the online training portal. Use the CC0100 'CC0100 ATP 'Online portal access form' application form.

All these forms are available at liquorandgaming.nsw.gov.au.

- ATP 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.

How to lodge this form

Email the completed form to atp.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.

Need more information?

 liquorandgaming.nsw.gov.au

Information on ATPs and trainers are found here

liquorandgaming.nsw.gov.au/working-in-the-industry/training-to-work-in-the-industry/for-trainers

 atp.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.

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intentionally blank**

Change of details for ATP or trainer

Part 1 ATP registration details

ATP 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 details for ATP

Complete this section if you want to update the contact details for the ATP.

ATP 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 Current details for primary contact person

Complete this section if you want to update the details for the primary contact person.

Position at ATP

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 Current details for secondary contact person

Complete this section if you want to update the details for the secondary contact person.

Position at ATP

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 5 Current details for trainer

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

Copy page

Trainer licence no.*

CCT

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

Training competency

RSA

Online Classroom

RCG

Classroom

Licensee Training

Online Classroom

Advanced Licensee Training

Online Classroom

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

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State

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Postcode

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Email

Contact phone

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

Yes No

If Yes, provide the trainer's previous full name

Part 6 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 declare that I am authorised to provide this information and declaration on behalf of the ATP listed in Part 1 of this application.

Name

Signature

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Date

DD / MM / YYYY
