



THE RIGHT WAY PROGRAM – FACILITY RECOGNITION

APPLICATION FOR FACILITY EVALUATION (Part 1)

Please fill out the following details and attached the appropriate paperwork to support your application for the Right Way Program – Facilities. This document will assist Service Skills Victoria in producing a facilities requirements checklist which will be used at the assessment. Please ensure all details are completed before forwarding to the state agent.

Please send two copies of your application (including supporting documents) to Service Skills Victoria, Level 2, 10-16 Queen Street, Melbourne, VIC, 3000 or email to info@ssv.org.au. If you have any further questions, please contact Service Skills Victoria on (03) 9621-1777.

PART 1: Applicant Details

| | | | |
|----------------------|--|-----------------------|--|
| Provider Legal Name: | | | |
| NTIS Provider Code: | | CRICOS Provider Code: | |
| Contact Name: | | | |
| Job Title: | | | |
| Phone: | | | |
| Email: | | | |
| Street Address: | | | |

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|------------------------|--|
| Postal Address: | |
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|-------------------------|---------------------------------|---------------------------------------|--------------------------------------|------------------------------------|----------------------------------|
| Industry Sector: | Beauty <input type="checkbox"/> | Cookery <input type="checkbox"/> | Events <input type="checkbox"/> | Floristry <input type="checkbox"/> | Tourism <input type="checkbox"/> |
| | F&B <input type="checkbox"/> | Hairdressing <input type="checkbox"/> | Hospitality <input type="checkbox"/> | Pharmacy <input type="checkbox"/> | Retail <input type="checkbox"/> |

PART 2: Standards for Right Way Facilities Recognition - Evidence

To complete the application, please indicate and provide supporting documents to support the following standards.

Standard 1: Facility Evaluations are based directly on the Training Package

To determine a checklist that corresponds to an RTO's Facility Recognition application, a list of qualifications relating to the assessment is required. Each application will match the mandatory requirements set out in the Training Package. Please fill out the below table detailing all of the qualifications relating to your application.

| List of qualifications this application relates to: | Location(s) of facilities: | Number of facilities: |
|---|----------------------------|-----------------------|
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Standard 2: Training Organisations must achieve and maintain RTO status

Before any training organisations can achieve Right Way Training Facility recognition, it must have achieved Registered Training Organisation (RTO) status with a state, territory or national government registration authority. Training organisations may apply for Right Way Training Facility recognition concurrently with their application to become an RTO.

Please provide evidence demonstrating the training organisation is registered as an RTO or has a pending application.

Standard 3: RTOs must provide the environment prescribed by the Training Package

According to the Training Package, RTOs must deliver training and assess units of competency in a prescribed physical environment.

Standard 4: RTOs must provide the equipment prescribed by the Training Package

According to the Training Package, RTOs must deliver training and assess units of competency using the prescribed equipment.

Standard 5: RTOs must provide the resources prescribed by the Training Package

According to the Training Package, RTOs must deliver training and assess units of competency using the prescribed resources.

The applicant must conduct a self-assessment of the environment, equipment and resources. The self-assessment will act as evidence as well as, indicate the availability of the mandatory requirements.

Upon receiving this Facilities Application form, you will be asked to fill out a Unit of Competency List for each site. This list will determine the units of competency delivered at each site and help determine the equipment and resources required at the time of assessment.



PART 3: Principle Executive Officer (PEO) details and declaration

Principle Executive Officer to certify the information provided on this form is true and correct

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| Signature of PEO | | |
| Name of PEO | Date: | |