



## TUITION ASSURANCE SCHEME

### Domestic Students

### MEMBERSHIP APPLICATION - Non-TAFE Providers

The TDA Tuition Assurance Scheme (Non-TAFE Providers) is open to Non-TAFE Commonwealth-approved VET and Higher Education Providers who meet the **TDA TAS Membership Criteria – Non-TAFE Providers**. The scheme provides tuition assurance coverage for domestic students enrolled in approved Higher Education (HE) and/or Vocational Education and Training (VET) FEE-HELP / VET Student Loans courses.

The **TDA TAS membership fee** is as per quotation provided and based on data provided.

Should you have any queries please contact TAFE Directors Australia Member Services by email: [tas@tda.edu.au](mailto:tas@tda.edu.au) or phone: (02) 9217 3180.

#### Please complete the following:

*NOTE: Information provided by applicants is handled in strict "commercial in-confidence" and hence will not be seen by any Government Department, TAFE Institution or other education provider.*

#### A. Member Details

Provider/Institute Name	
Postal Address	

Chief Executive Officer Name/Title	
Phone	
Fax	
Email	

Nominated Contact Name/Title	
Phone	
Fax	
Email	

#### B. TDA Tuition Assurance Scheme Schedule

##### 1. Membership Period

Please indicate the period for which you are submitting an application for membership of the TDA Tuition Assurance Scheme.

Start Date	1 <sup>st</sup> January 2017
End Date	31 <sup>st</sup> December 2017

NOTE1: Membership of the TDA Tuition Assurance Scheme is by calendar year.

NOTE2: Continuing membership requires submission of current calendar year data, for membership in the next calendar year.

##### 2. Tuition Assurance Scheme Summary Data

Please complete the attached Schedule A in which you provide information for the previous calendar year and estimates for this calendar year - being the year for which you seek membership.

#### C. Financial Statements

Please attach a copy of your most recent audited financial statements. If the audited statements are more than six months old please, in addition, attach a copy of your most recent unaudited financial statements.

**D. Actions of Regulators**

- i. You are required to attach details of any current action or concerns held by any regulator, including ASQA, VRQA, WATAC or TEQSA that may affect your provider status or may affect the risk held by the TAS.
- ii. You are required to attach details of any action by the ACCC or any Government consumer law groups.

**E. Declaration and Signature**

I acknowledge that TDA is under no obligation to accept membership of the TAS and will do so only if TDA and TDA's insurers are satisfied that the assessment criteria have been met.

I understand that the information submitted within this application has been provided on a confidential basis and will not be used by TDA for purposes other than meeting its statutory obligations as a Tuition Assurance Operator.

I acknowledge that all members of the TDA TAS are obliged to comply with the TDA Rules of Association and the TDA TAS Rules, and that failure to do so may result in the termination of membership.

I acknowledge that should my institution as a TDA TAS member cease to provide a course but continue to trade, it shall be responsible for meeting the costs of any student relocations and/or costs of refunds under course closures.

I acknowledge my institution's obligation to accept displaced students from another TDA TAS member that has ceased to provide a course of study and is no longer trading and that neither the TAS nor the student will be charged for incomplete units of study for which the student has paid.

I acknowledge that all information given within this application will be used to determine the correct level of TAS cover, and should this information change, acknowledge that it will be incumbent on me to advise details of any changes.

For the purposes of considering this application for membership I give approval for TDA to make such enquiries with Commonwealth and/or state/ territory registration Authorities as deemed necessary.

I agree to have the Institution name incorporated in the membership list available to all TDA TAS members and in any TDA TAS membership database provided to a third party as deemed appropriate by the TDA TAS Administration Committee.

I declare that the information provided in this application is true and complete and understand that TDA reserves the right to vary or reverse any decision on membership of TDA or tuition assurance cover based on incomplete or incorrect information.

**Provider (applicant) Name:** \_\_\_\_\_

**Authorised Officer** \_\_\_\_\_

**Authorised Officer Position/Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Witnessed by** \_\_\_\_\_

**Position or title** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_