



TUITION ASSURANCE SCHEME - NVR

Domestic Students

MEMBERSHIP APPLICATION

The TDA Tuition Assurance Scheme (NVR) – TDA TAS - NVR is open to Non-TAFE ASQA-approved Registered Training Organisations who meet the TDA TAS Membership Criteria – NVR. This scheme only provides tuition assurance coverage for domestic students enrolled in nationally accredited courses. As such, the scheme meets the requirements of ASQA Standard 7, Clause 7.3 and Schedule 6 of the Standards for Registered Training Organisations (RTOs) 2015.

The **TDA TAS membership fee** is as per quotation to be provided and based on data provided by the applicant.

Should you have any queries please contact TAFE Directors Australia Member Services by email: 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 - NVR.

Start Date	1 st January 2017
End Date	31 st 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 Schedule A in which you provide information for the current calendar year and estimates for the next calendar year - being the year for which you are seeking 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 or WATAC 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 grant 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 administrator.

I acknowledge that all members of the TDA TAS -NVR are obliged to comply with the TDA Inc Rules (Constitution) of Association and the TDA TAS Rules, and that failure to do so may result in the termination of membership. Copies are available upon request.

I acknowledge that should my Institution cease to provide a course but remains solvent, it shall be responsible for meeting the costs of any student relocations and/or costs of refunds under course closures.

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 my Institution name included in the membership list available to all TDA TAS - NVR members and in any TDA TAS membership database provided to a third party as deemed appropriate by the TDA TAS Sub-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 _____