

PADI RTO Trainer Registration Form



Use this form to initiate the registration process to issue statements of attainment for one or more of the below Nationally Recognised Training unit(s) of competency/ accredited courses through PADI Registered Training Organisation (RTO).

Please send this form to PADI RTO only once you've verified all prerequisites related to the unit(s) you wish to teach and can attach documentation of prerequisite evidence.

<input type="checkbox"/> Initial registration	<input type="checkbox"/> Upgrade	Date: _____
Name: _____		Member No: _____
Postal Address: _____		
State/Territory: _____		Postal Code: _____
Email address: _____		Date of birth ____ / ____ / ____
Best phone number: _____		

Please state in which states you wish to deliver PADI RTO training:

NSW VIC QLD SA WA TAS NT ACT

Please note that if you wish to teach children below 18 years of age, you must provide clearance to work with children for each state/territory. In case you wish to teach adults only, please provide the signed disclaimer form.

Training independently Training for PADI Store No: _____

Address from which training delivery will be coordinated

For compliance purposes we need details of a location from which your training delivery will be coordinated this can be your personal, business, store or training facility address.

If you deliver training at multiple authorised* stores, please provide additional store details separately. Remember to notify PADI RTO if you stop teaching at registered store(s), or start teaching at other stores not yet registered. Trainer name/Store logos are not permissible to be printed on statements of attainment.

**authorised stores are current members of the PADI Resort or Retail Association member or a current EFR centre.*

Delivery Location Details

Business Name: _____

Postal Address: _____

State/Territory: _____ Postal Code: _____

Email address: _____ Phone number: _____

FIRST AID & SAFETY UNITS OF COMPETENCY

Tick the units you want to deliver	Unit / course	Cert IV TAE	Trainer Matrix	Working with Children Children check/Disclaimer	Teaching Status EFR Instructor	Teaching Status Open Water SCUBA Instructor	PADI Emergency Oxygen Provider Instructor	HLTAID009 (12 mth)	HLTAID010 (36 mth)	HLTAID011 (36 mth)	HLTAID012 (36 mth)	HLTAID013 (36 mth)	HLTAID014 (36 mth)	HLTAID015 (12 mth)	HLTAID016 (36 mth)			TLID1001	UETDRR004 (12 mth)	22575VIC (12 mth)		Photo Evidence	
<input type="checkbox"/>	HLTAID009 Provide cardiopulmonary resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>															<input type="checkbox"/>
<input type="checkbox"/>	HLTAID010 Provide basic emergency life support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>														<input type="checkbox"/>
<input type="checkbox"/>	HLTAID011 Provide first aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>													<input type="checkbox"/>
<input type="checkbox"/>	HLTAID012 Provide first aid in an education and care setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>												<input type="checkbox"/>
<input type="checkbox"/>	HLTAID013 Provide first aid in remote or isolated site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>											<input type="checkbox"/>
<input type="checkbox"/>	HLTAID014 Provide advanced first aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>										<input type="checkbox"/>
<input type="checkbox"/>	HLTAID015 Provide advanced resuscitation and oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>									<input type="checkbox"/>
<input type="checkbox"/>	HLTAID016 Manage first aid services and resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>								<input type="checkbox"/>
<input type="checkbox"/>	HLTSS00068 Occupational First Aid Skill Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>
<input type="checkbox"/>	22575VIC Course in basic oxygen administration for first aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>	TLID1001 Shift materials safely using manual handling methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>								<input type="checkbox"/>					<input type="checkbox"/>
<input type="checkbox"/>	UETDRR004 Perform rescue from a live LV panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>											<input type="checkbox"/>				<input type="checkbox"/>

Applicant Acknowledgement

I confirm that the information I have provided on this document is correct. Furthermore, I agree to use and teach each unit/course according to the relevant Trainer Guide. Additionally, I understand I cannot conduct any training for the above unit(s) I'm herewith applying for until I have received written authorisation from PADI RTO about what unit(s) I am authorised to teach. I have attached pre requisite evidence as required and have provided photo evidence of all equipment and classroom facilities I will be using when teaching the units/courses as outlined in the PADI RTO Course Overview document and the relevant Training and Assessment Strategies.

Trainer Name: _____ Member No: _____

Trainer Signature: _____ Date: _____

DIVING & SNORKEL UNITS OF COMPETENCY

Tick the units you want to deliver	Unit / course	Cert IV TAE	Trainer Matrix	Working With Children Check/Disclaimer	Teaching Status Open Water SCUBA Instructor	PADI Boat Diver Instructor	PADI Night Diver Instructor	PADI Underwater Navigator Instructor	PADI Search & Recovery Diver Instructor	PADI Rescue Diver Instructor	PADI Enriched Air Diver Instructor	PADI Deep Diver Instructor	PADI Freediver Instructor	PADI Divemaster	PADI Divemaster with Speciality Diver Rating(s)	PADI Underwater Communications	HLTAID011 (36 mth)	HLTAID015 (12 mth)		SISOSCB007	AHCLPW307	Photo Evidence
<input type="checkbox"/>	SISOSCB001 SCUBA dive in open water to a maximum depth of 18 metres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	<input type="checkbox"/>
<input type="checkbox"/>	SISOSCB002 SCUBA dive from boats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																<input type="checkbox"/>
<input type="checkbox"/>	SISOSCB003 SCUBA dive at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>															<input type="checkbox"/>
<input type="checkbox"/>	SISOSCB004 Navigate prescribed routes underwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>														<input type="checkbox"/>
<input type="checkbox"/>	SISOSCB005 Complete underwater search and recovery dives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>													<input type="checkbox"/>
<input type="checkbox"/>	SISOSCB006 Perform diver rescues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>												<input type="checkbox"/>
<input type="checkbox"/>	SISOSCB007 Inspect and fill SCUBA cylinders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	SISOSCB008 SCUBA dive using Enriched Air Nitrox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>											<input type="checkbox"/>
<input type="checkbox"/>	SISOSCB009 SCUBA dive to depths between 18 and 40 metres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>										<input type="checkbox"/>
<input type="checkbox"/>	SISOSCB010 Lead SCUBA diving activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	<input type="checkbox"/>
<input type="checkbox"/>	SISOSCB011 Lead specialised SCUBA diving activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>							<input type="checkbox"/>
<input type="checkbox"/>	SISOSNK001 Snorkel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>
<input type="checkbox"/>	SISOSNK002 Lead snorkelling activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	<input type="checkbox"/>
<input type="checkbox"/>	AHCLPW307 Perform restricted diving for scientific purposes *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

**other requirements apply. Please confirm with PADI RTO*

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Trainer Name: _____ Member No: _____

Trainer Signature: _____ Date: _____

Marketing & Advertising Policy Declaration

I have attached all marketing material, which I will be using to advertise nationally recognised and accredited courses which I will conduct on behalf of PADI RTO. I will also use the following websites for promotion:

http://www _____.

http://www. _____.

http://www. _____.

I understand that my marketing materials will be reviewed to ensure compliance to the VET Quality Framework Standards, NVR Act 2011, NRT Logo Use Guidelines and PADI RTO GSP Trainer Handbook requirements.

Trainer Signature: _____ Date: _____

APPLICATION PAYMENT METHOD – *See current price list for fees*

MasterCard Visa American Express

Card Number _____

Card Expiry Date ____ / ____

Card Holder Name _____

Authorised Signature _____

Please email the completed application ***together with copies of all required documents*** to rto@padi.com.au.