

Adult Community Education Provider List Application Form

This form is used to apply to join the list of Adult Community Education (ACE) providers currently kept by the Department of Employment, Small Business and Training.

Please return the completed form via email to qld.ace@desbt.qld.gov.au

Organisation details	
Name of your organisation:	
Trading name of your organisation (if applicable):	
Type of organisation:	<input type="checkbox"/> Community-owned, not-for-profit <input type="checkbox"/> Government-owned <input type="checkbox"/> Privately owned <input type="checkbox"/> Other (please specify): _____
Is your organisation a registered training organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your contact details	
Contact person:	
Address:	
Telephone:	
Email:	
Website:	
ACE provider information	
Locations and postcodes where you provide ACE services:	
Overview of ACE learning opportunities provided by your organisation: (50 words max)	
Would you like your organisation included in a list of Queensland-based ACE providers made available through a departmental website?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warranty You warrant that all information provided is correct and you agree to notify the department if any of the above information changes.	<input type="checkbox"/> I agree <input type="checkbox"/> I do not agree
Signature:	Date:
Name (please print):	

Disclaimer:

By completing and returning this form, you agree to release, discharge and indemnify the State of Queensland acting through the Department of Employment, Small Business and Training and its officers and employees from and against any claim (including any action, proceeding, demand, liability, obligation, costs, legal costs, losses, damages and expenses, including those arising out of the terms of any settlement) that may be brought against or made upon or incurred by any of them in connection with the department's use and/or publication of the information you have provided.