# Application for recognition as a principal employer organisation in Queensland

Version 12

March 2024

An entity must apply to the department for recognition as a principal employer organisation. The application for recognition has two parts:

* Meeting the requirements outlined in this application,
* Compliance with the Queensland Standards for Principal Employer Organisations.

**To apply**

Please complete all sections of this form. Additional documentation in support of this application can be attached. (Please note that an incomplete application will delay the application processing time.)

Send your completed application form to:

Senior Program Officer

Stakeholder and Industry Relations Unit

Department of Employment, Small Business and Training

PO Box 15483

CITY EAST QLD 4001

Any queries should be directed to Stakeholder and Industry Relations, at the above address or by email to [SIRT@desbt.qld.gov.au](mailto:SIRT@desbt.qld.gov.au).

**Contact details**

Please supply contact details for enquiries and correspondence in relation to this application.

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| --- | --- | --- | --- | --- | --- |
| Contact person: |  | | | | |
| Position: |  | | | | |
| Organisation: |  | | | | |
| Street address |  | | | | |
|  | City: |  | | State: |  | |
| Postal address |  | |  | | |
|  | City: |  | | State: |  | |
| Telephone: |  | |  | | |
| Email: |  | |  | | |

1. **Entity’s details**

Please provide details on the following:

* 1. Legal name of the entity
  2. Is the legal entity already registered?
     + If yes, attach evidence of registration
     + If no, what is the proposed timeframe for registration:
  3. Trading name of the entity (if applicable):
  4. Australian Business Number (ABN):
  5. Copy of the corporations labour hire licence issued by the Queensland Office of Industrial Relations;
  6. Name of the Chairperson:
  7. Name of the Chief Executive Officer
  8. Street Address (if different from above)
  9. Postal Address (if different from above)
  10. Telephone and facsimile numbers (if different from above)
  11. Email address (if different from above)
  12. Website

1. **Queensland Standards for principal employer organisations**

It is a requirement for recognition that an entity be compliant against the Queensland Standards for principal employer organisations.

The entity is required to complete a self-assessment audit at the time of lodging the application.

In addition, the organisation will be required to provide a copy of the final audit report, with the compliance recommendation, as an attachment to this application.

Further information on the operation of the Queensland Standards for Principal Employer Organisations can be found at the department’s principal employer organisation website at:

<https://desbt.qld.gov.au/training/employers/peo/audits>

1. **Operational policies procedures and guidelines**

Please provide policies, procedures and guidelines in place for the management of apprentices and/or trainees, including:

* + - an appropriate rotation policy to ensure its apprentices and/or trainees receive a quality training experience
    - procedures for a formal induction program to be provided to all commencing and re-commencing apprentices and trainees, including workplace health and safety training specific to their individual workplaces.

1. **Operational details**
   1. Describe the expertise and/or special skills of the entity
   2. Describe the market the entity will be servicing and how it intends to service this market
   3. Demonstrate that the entity has or is able to access an adequate number of appropriately qualified host employers to ensure the provision of quality employment and training experiences to its apprentices and/or trainees and to minimise downtime of its apprentices and/or trainees
   4. Demonstrate that the entity has or is able to access suitable number of applicants for apprenticeships and/or traineeships to meet host employer demand.
2. **Insurance**

List the types and levels of insurances that the entity maintains, for example, public liability, professional indemnity, Workers Compensation, etc. please include evidence of the entity’s existing policies.

1. **Declaration**

(To be completed by a duly authorised representative of the organisation)

Signature: Date:

Name (please print):

Position:

Contact Phone Number: