



## AussieHost Trainer Referee Nomination Form

**Fill in all sections. This form along with a brief CV and supporting documents must be returned to QTIC as part of the Trainer Accreditation process.**

Name of Proposed Trainer: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Nominating Training Provider (print): \_\_\_\_\_

Nominating Training Provider's Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_





## AUSSIEHOST TRAINER AGREEMENT

We look forward to working with you on this exciting program. This agreement establishes the framework within which the training operates, with the objective of ensuring its proper application and highest integrity. Please read through the following points, sign this agreement and return to AussieHost.

I \_\_\_\_\_, understand this form to be a nomination form only that forms part of the accreditation process in becoming a Certified AussieHost Trainer and will be notified in writing by AussieHost National if successful or otherwise.

Upon successful completion of the two day AussieHost Leader Training I will receive a "Certified AussieHost Trainer" Certificate valid for twelve months from date of issue.

I agree to abide by the terms and conditions for AussieHost Certified Trainers as set down in the AussieHost Manual. I will undertake the responsibilities in this agreement to the best of my ability.

Signature of Proposed Training Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Please **mail** to QTIC, Level 11/30 Makerston Street, Brisbane, QLD 4000.

Or **fax** to 07 3236 4552 or **email** [aussiehost@qtic.com.au](mailto:aussiehost@qtic.com.au)