

## Application for renewal of responsible service of alcohol and responsible management of licensed venues trainer approval

Department of  
Justice and Attorney-General

Office of Liquor and Gaming Regulation

### Office use only

Date received \_\_\_\_\_

Receipt no. \_\_\_\_\_

Amount received \_\_\_\_\_

#### Fees:

To find out the current application fee go to [www.olgr.qld.gov.au](http://www.olgr.qld.gov.au)

**Note:** You must lodge this application form at least four (4) weeks before the approval expiry date.

#### Instructions

Please complete in BLOCK letters. Attach extra pages if needed. If you need help completing this form, visit our website [www.olgr.qld.gov.au](http://www.olgr.qld.gov.au) or contact the Office of Liquor and Gaming Regulation (OLGR) on **13 QGOV** (13 74 68).

**Please note:** For responsible service of alcohol (RSA) applicants, any subsequent renewal will be for a three (3) year period and must be renewed at each three (3) year interval. The relevant fees and forms will be requested in writing by OLGR prior to the due date.

For responsible management of licensed venues (RMLV) applicants, any subsequent renewal will be valid for a one (1) year period. The relevant fees and forms will be requested in writing by OLGR prior to the due date.

The RSA *Guidelines for approved trainers* and RMLV *Guidelines for approved trainers* form part of this application. Both documents are available online at [www.olgr.qld.gov.au](http://www.olgr.qld.gov.au)

The nominated senior trainer must sign the declaration in Section 6 of this application form.

The authorised representative of the approved trainer must sign the declaration in Section 7 of this application form.

**Note:** Please attach copies of all relevant certificates/qualifications to avoid delays in processing this application.

#### Privacy statement—please read

OLGR is collecting the information on this form to assess suitability for approval as a trainer. This information is required under the *Liquor Act 1992*. This information will only be accessed by authorised employees within OLGR. Some information may be given to the Queensland Police Service for the purpose of assisting with criminal history searches. Business information will be placed on a register that may be inspected by the public. Your information will not be disclosed to any other parties unless authorised or required by law.

#### Warning

False or misleading statements will attract a maximum penalty of 100 penalty units or 6 months imprisonment and may lead to immediate cancellation of the approved trainer status.

You must provide a change in any circumstances/information provided in this application during the period of approval to OLGR.

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## Part A—Application details

### Section 1

#### OLGR approved trainer details

Name of approved trainer/registered training organisation (RTO):

**Note:** This is not the senior trainer.

.....

RTO national training no: .....

ACN/ABN: .....

Business email (for OLGR correspondence only): .....

### Section 2

#### Delivery of training

Please indicate the course/s you are applying to renew as an approved trainer:

Responsible service of alcohol

Responsible management of licensed venues

<p><b>Section 3</b></p> <p><b>Authorised representative/ contact person</b></p>	<p><b>Note:</b> all applicants must nominate one person as the authorised representative of the applicant/RTO. This person will be recorded as the contact person for all future enquiries relating to the delivery of the training courses.</p> <p><input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (please specify): .....</p> <p>Full name: ..... (Must be an individual)</p> <p>Position: .....</p> <p>Phone (work): ..... Mobile: .....</p> <p>Email: .....</p>
<p><b>Section 4</b></p> <p><b>Senior trainer details</b></p>	<p><input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (please specify): .....</p> <p>Full name of senior trainer: .....</p> <p>Position: .....</p> <p>Phone (work): ..... Mobile: .....</p> <p>Email: .....</p>
<p><b>Section 5</b></p> <p><b>Minimum requirements of senior trainer</b></p>	<p><b>Note:</b> This section applies to all applicants, including existing senior trainers.</p> <p>As the senior trainer, you must submit the following with your application: (please tick)</p> <p><input type="checkbox"/> I have enclosed a copy of at least one current Certificate IV (training) as indicated below:</p> <p style="margin-left: 20px;"><input type="checkbox"/> TAE40110—Certificate IV Training and assessment</p> <p style="margin-left: 20px;"><input type="checkbox"/> TAA40104—Certificate IV Workplace training and assessment</p> <p style="margin-left: 20px;"><input type="checkbox"/> BSZ40198—Certificate IV Assessment and workplace training</p> <p><input type="checkbox"/> I have subscribed to the <i>Responsible service</i> e-newsletter available at <a href="http://www.olgr.qld.gov.au">www.olgr.qld.gov.au</a> and have attached at least one of the following with this application:</p> <p style="margin-left: 20px;"><input type="checkbox"/> an email confirming subscription to <i>Responsible service</i></p> <p style="margin-left: 20px;">or</p> <p style="margin-left: 20px;"><input type="checkbox"/> the latest edition of <i>Responsible service</i></p> <p><input type="checkbox"/> I have enclosed a copy of a current RSA training course certificate issued by an OLGR approved trainer, which expires <input type="checkbox"/><sub>D</sub><input type="checkbox"/><sub>D</sub>/<input type="checkbox"/><sub>M</sub><input type="checkbox"/><sub>M</sub>/<input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub> <b>(only complete if approved trainer is approved to deliver RSA training).</b></p> <p><input type="checkbox"/> I have enclosed a copy of a current RMLV licensee’s course certificate issued by an OLGR approved trainer, which expires <input type="checkbox"/><sub>D</sub><input type="checkbox"/><sub>D</sub>/<input type="checkbox"/><sub>M</sub><input type="checkbox"/><sub>M</sub>/<input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub> <b>(only complete if approved trainer is approved to deliver RMLV training).</b></p>

## Part B—Declaration

### Section 6

#### Senior trainer declaration

As the nominated senior trainer, I acknowledge and accept responsibility for ensuring all trainers and assessors employed or engaged by

.....

(Applicant/RTO)

possess the required qualifications, ability and experience to deliver training in the RSA/RMLV course/s and do so under my supervision. I acknowledge that should I fail to meet these requirements, approval for the approved trainer may be cancelled.

I have checked the answers I have given and state that they are true and correct in every detail.

I acknowledge that I am obligated to comply with the *Information Privacy Act 2009* as outlined in the guidelines. I understand that students' personal information must be handled and stored in accordance with the *Information Privacy Act 2009*.

As an approved trainer, I recognise that I am bound by the guidelines and acknowledge that I am delivering the RSA/RMLV course/s on behalf of an OLGR approved trainer.

I understand that non-compliance with the *Information Privacy Act 2009* may result in action by OLGR and other external bodies.

**I have read and agree to abide by the RSA Guidelines for approved trainers.**  
(Senior trainer only to complete if approved trainer is approved to deliver RSA training)

**I have read and agree to abide by the RMLV Guidelines for approved trainers.**  
(Senior trainer only to complete if approved trainer is approved to deliver RMLV training)

Name: .....

(Name of senior trainer—as per section 4 of the application form)

Signature: .....

Date:   /   /      
D D M M Y Y Y Y

**Note:** Under the *Liquor Act 1992*, it is an offence to supply incorrect or misleading information.

**Section 7**

**Authorised representative declaration**

I state that I have been appointed by .....  
(Applicant/RTO)

as the authorised representative and agree to advise OLGR of any change to my role.

I have checked the answers I have given and state that they are true and correct in every detail.

I acknowledge that should I fail in my responsibility to ensure all trainers and assessors employed or engaged by me possess the required qualifications, ability and experience to deliver training in the RSA/RMLV course/s, approval for the approved trainer may be cancelled.

I acknowledge that I am obligated to comply with the *Information Privacy Act 2009* as outlined in the guidelines. I understand that students' personal information must be handled and stored in accordance with the *Information Privacy Act 2009*.

As an OLGR approved trainer, I recognise that I am bound by the guidelines and acknowledge that I am delivering the RSA/RMLV course/s as an OLGR approved trainer.

I understand that non-compliance with the *Information Privacy Act 2009* may result in action by OLGR and other external bodies.

By signing below, I confirm that I have read and understood the *RSA/RMLV Guidelines for approved trainers* and I agree to abide by the guidelines as an approved trainer for the delivery of the RSA/RMLV course/s for the duration of my approval as a trainer for the training course/s including any period of renewal.

I acknowledge that if at any time I am unable to meet the requirements of the guidelines in providing RSA/RMLV training, any approval granted to the approved trainer for the approved RSA/RMLV course/s may be cancelled.

I acknowledge that I must notify OLGR of any changes to the status of this approval, including changes to contact details and/or termination of the senior trainer. In this instance, I recognise that I must lodge an 'Application to nominate a new senior trainer' available at [www.olgr.qld.gov.au](http://www.olgr.qld.gov.au)

**I have read and agree to abide by the RSA Guidelines for approved trainers.**  
(Authorised representative only to complete if approved trainer is approved to deliver RSA training)

**I have read and agree to abide by the RMLV Guidelines for approved trainers.**  
(Authorised representative only to complete if approved trainer is approved to deliver RMLV training)

Name: .....  
(Name of authorised representative—as per section 3 of the application form)

Signature: .....

Date:   /   /      
          D D M M Y Y Y Y

**Note:** Under the *Liquor Act 1992*, it is an offence to supply incorrect or misleading information.

## Part C—Lodgement details

### Payment details

### Lodging applications

Please lodge the completed application form, any supporting documentation and the relevant application fee to OLGR at the address below or in person at your nearest regional office. For details of your nearest regional office, visit [www.olgr.qld.gov.au](http://www.olgr.qld.gov.au) or call **13 QGOV** (13 74 68).

By mail: OLGR trainer application  
Office of Liquor and Gaming Regulation  
Locked Bag 180  
City East Qld 4002

In person: Office of Liquor and Gaming Regulation  
Upper Plaza, 33 Charlotte Street  
Brisbane Qld 4000

or your nearest regional office

**Note:** Please refer to our website at [www.olgr.qld.gov.au](http://www.olgr.qld.gov.au) for a list of current trainer renewal fees. **No portion of the application fee will be refunded.**

#### Payment type:

Money order

Cheque (make cheque payable to Office of Liquor and Gaming Regulation)

Credit card:

MasterCard  VISA

Credit card number:

Cardholder's name: .....

Amount authorised: \$ ..... Expiry date: .....

Signature: .....

**Note:** A receipt will not be issued unless specifically requested.