

SCA Trainer Approval



Applicant Business/Organisation Name		Postal Address	
Authorised Representative		Contact Email	
Contact Telephone		Website	
Approval to provide training in the following States/Chapters ACT NSW NT NZ QLD SA TAS VIC WA			
SCA Accreditation Minimum Requirement for all Trainers: Accredited Supplier Member (ASM) or Level 1 Accredited Strata Community Manager (ASCM)			

Training Topic

SCA Strata Committee Training

Trainer

Information

First & Last Name		Postal Address	
Company Name		Email	
Contact Telephone		Website	
➤ Attach relevant documentation to verify qualifications relevant to the proposed training (Example: TAE 40116 Training and Assessment – Subject Matter Expert – other certifications)			

Signature

Authorised Representative

Name

Date of Signature

DD

MM

YY

SCA use only

Approved

☐

Disapproved

☐

Signature

Authorised Representative

Name

Date

DD

MM

YY