# Employee trainer amendment form

[*Guide, Hearing and Assistance Dogs Act 2009*](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-004) (the Act)

**How to complete this form**

You can complete this form on your computer using Adobe Acrobat Reader and some browsers, or you can print it.

If you have a printed form:

* Use a black or blue pen.
* Print in BLOCK LETTERS.
* Tick your selection in the check boxes.

Electronic signatures are acceptable if you are not printing the form.

This form is to be completed by approved training institution (corporation) to add or remove employee trainers.

## Part A: Approved training institution details

Trading name: Click or tap here to enter text.

Corporation name: Click or tap here to enter text.

Business address: Click or tap here to enter text.

Street: Click or tap here to enter text.

Suburb and State: Click or tap here to enter text.

Postcode: Click or tap here to enter text.

Postal address (if different from street address): Click or tap here to enter text.

Suburb and State: Click or tap here to enter text.

Postcode: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Alternate phone number: Click or tap here to enter text.

**Category of approval (select all that apply):**

Guide dog

Hearing dog

Assistance dog

**Reason for amendment (select one of the following):**

The approved organisation has new employee trainers? Complete Part B.

The approved organisation is removing existing employee trainers? Completed Part C.

Will the corporation require the Queensland Government to produce employee trainer identity cards?

Yes

No

## Part B: Adding a new employee

Enter details below to add new employee trainers to the approved training institution.

Name of new employee trainer: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

In what category does this employee trainer train (select all that apply)?

Guide dog

Hearing dog

Assistance dog

Has this employee trainer been told to submit their criminal history screening Form GHA-1 and criminal history disclosure Form GHA-2 directly to the department?

Yes

No

Name of new employee trainer: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

In what category does this employee trainer train (select all that apply)?

Guide dog

Hearing dog

Assistance dog

Has this employee trainer been told to submit their criminal history screening Form GHA-1 and criminal history disclosure Form GHA-2 directly to the department?

Yes

No

Name of new employee trainer: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

In what category does this employee trainer train (select all that apply)?

Guide dog

Hearing dog

Assistance dog

Has this employee trainer been told to submit their criminal history screening Form GHA-1 and criminal history disclosure Form GHA-2 directly to the department?

Yes

No

Name of new employee trainer: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

In what category does this employee trainer train (select all that apply)?

Guide dog

Hearing dog

Assistance dog

Has this employee trainer been told to submit their criminal history screening Form GHA-1 and criminal history disclosure Form GHA-2 directly to the department?

Yes

No

Name of new employee trainer: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

In what category does this employee trainer train (select all that apply)?

Guide dog

Hearing dog

Assistance dog

Has this employee trainer been told to submit their criminal history screening Form GHA-1 and criminal history disclosure Form GHA-2 directly to the department?

Yes

No

Name of new employee trainer: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

In what category does this employee trainer train (select all that apply)?

Guide dog

Hearing dog

Assistance dog

Has this employee trainer been told to submit their criminal history screening Form GHA-1 and criminal history disclosure Form GHA-2 directly to the department?

Yes

No

Name of new employee trainer: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

In what category does this employee trainer train (select all that apply)?

Guide dog

Hearing dog

Assistance dog

Has this employee trainer been told to submit their criminal history screening Form GHA-1 and criminal history disclosure Form GHA-2 directly to the department?

Yes

No

## Part C: Removal of an employee trainer

Enter details below to remove employee trainers from the approved training institution.

Name of employee trainer to be removed: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

In what category does this employee trainer train (select all that apply)?

Guide dog

Hearing dog

Assistance dog

Name of employee trainer to be removed: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

In what category does this employee trainer train (select all that apply)?

Guide dog

Hearing dog

Assistance dog

Name of employee trainer to be removed: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

In what category does this employee trainer train (select all that apply)?

Guide dog

Hearing dog

Assistance dog

Name of employee trainer to be removed: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

In what category does this employee trainer train (select all that apply)?

Guide dog

Hearing dog

Assistance dog

Name of employee trainer to be removed: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

In what category does this employee trainer train (select all that apply)?

Guide dog

Hearing dog

Assistance dog

Name of employee trainer to be removed: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

In what category does this employee trainer train (select all that apply)?

Guide dog

Hearing dog

Assistance dog

## Part D: Ceasing employment

If an employee trainer ceases employment with the approved training institution and had an employee trained identity card which had been produced by the department, the identity card must be returned via post to:

Department of Child Safety, Seniors and Disability Services

Attention ‘Manager, Guide Hearing and Assistance Dogs Team’

Locked Bag 3405

Brisbane QLD 4001

Signature of institution representative:

Name of institution representative: Click or tap here to enter text.

Date: Click or tap to enter a date.