



Provider Application Form

Activity details:

Activity Type: Event Training Seminar/Workshop Position Work
 Other - please specify _____

Training was required for the Activity: Yes No

Activity/Position Title: _____

Activity Provider details:

Contact person: _____

Phone: _____

Postal Address: _____ P/Code: _____

Email: _____

Activity/Position details:

List the responsibilities/duties or attach position statement). *If this form is about having Training recognised by the NEA, indicate what is involved in the Training (including assessment):*

Number of hours involved in the Activity/Position: _____

Activity time / date / venue: (please specify) _____

*Please attach documentation about the Activity to this form (e.g. info flyer, pamphlet, provider url, etc)

Activity Provider Declaration: This information accurately represents this Activity

Activity Provider Signature: _____ Date: ____/____/____

*Please complete and return this form to
Alicia Zikan
NEA Program Manager
nea@une.edu.au
Teaching & Learning Centre
University of New England,
Armidale, NSW, 2351.*