1. ETP DETAILS

NAME OF EDUCATION AND TRAINING PROVIDER:			
REGISTRATION & ACCREDITATION NUMBER:		**EXPIRY DATE**	
POSTAL ADDRESS			
EMAIL ADDRESS			
COURSE (s) TITLE		**RECOGNITION EXPIRY DATE**	
CONTACT PERSON		**SIGN.**	
DESIGNATION			
TELEPHONE			
APPLICATION DATE			

2. TYPES OF THE SIGNIFICANT CHANGE(S)

No	Change Requested	Tick (✓) The Appropriate
1.	Name/title of short course	
2.	Duration of a course	
3.	Content of short course of more than 30% of the core components	
4.	Franchising or partnership arrangements	
5.	Mode of delivery of course and assessment	
6.	Modularisation (From Single Unit to Modules)	
7.	Demodularisation (From Modules to Single Units)	

3. BRIEF DETAILS OF THE CHANGE(S)

List the Criterion where the change is required and give brief explanation on the desired changes against the initial version.

Change Requested	Details of the changes required

4. JUSTIFICATION FOR SIGNIFICANT CHANGE(S)

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NOTE: Use additional paper for any additional information if necessary

5. ATTACHMENTS TO SUPPORT THE REQUEST

- Copy of Decision Letter
- Copy of new version detailing the proposed changes. (e.g. New delivery schedule with amended notional time)

6. DECLARATION BY APPLICANT:

I declare that the requested information highlighted above has been duly provided as indicated through the checkboxes.

Name:…… Signature: …….. Date: ……