



Fit and proper person requirement declaration

The Fit and Proper Person Requirements Declaration is required by the ESOS Act, Part 2, Section 9B, for the following persons:

- the provider (refer to section 5 of the ESOS Act) - the Declaration for the provider is to be completed on behalf of the provider by a person with the relevant knowledge);
- an associate of the provider who has been, is or will be involved in the business of the provision of courses by the provider (refer to section 6 of the ESOS Act); and
- a high managerial agent of the provider (refer to section 5 of the ESOS Act).

Provider <input type="checkbox"/>	Associate <input type="checkbox"/>	High Managerial Agent <input type="checkbox"/>
Name		
Position		
Address		
1.	Have you been convicted of an offence against a law of the Commonwealth or of a State or Territory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you, or the entity*, had its registration cancelled or suspended for any one or more courses for any one or more States under the ESOS Act or the old ESOS Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you, or the entity, ever had an Immigration Minister's suspension certificate issued under the ESOS Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you, or the entity, ever had a condition imposed on your registration under the ESOS Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you, or the entity, ever become bankrupt, applied to take the benefit of a law for the benefit of bankrupt or insolvent debtors, compounded with your creditors or assigned your remuneration for the benefit of creditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever been disqualified from managing corporations under Part 2D.6 of the <i>Corporations Act 2001</i> (Cth)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you, or the entity, been involved in the business of the provision of courses by another provider who is covered by any of the above questions 1-6 at the time of any of the events that gave rise to the relevant prosecution or other action?	<input type="checkbox"/> Yes <input type="checkbox"/> No

* 'Entity' refers to the provider when completing this Declaration on behalf of the provider.



If the response was 'yes' to any of the questions above, additional information is required. For each question to which the response is 'yes', create a separate table and provide further details.

Question	
Details	

The material in this document is true and correct to the best of my knowledge and belief. I understand that giving false or misleading information is a serious offence.

Signed by:		In the presence of:	
(Name – please print)	(Signature)	(Name – please print)	(Signature)
(Position – please print)	(Date)	(Position – please print)	(Date)