# GTO form – Application for withdrawal of recognition

Version 8

December 2024

## To apply

An organisation may apply to the Department of Employment, Small Business and Training to withdraw its recognition to operate as a group training organisation in Queensland.

Please complete all sections of this form. Additional documentation in support of this application may be attached as necessary. The application declaration is to be signed by a duly authorised representative of the organisation.

Send your completed application form to:

Director
Queensland Apprenticeship and Traineeship Office
Department of Employment, Small Business and Training
PO Box 15483
CITY EAST QLD 4002

or by email to: SIRT@desbt.qld.gov.au.

Any enquiries should be directed to the Senior Program Officer, Stakeholder and Industry Relations, at SIRT@desbt.qld.gov.au.

## Applicant contact details

Please supply contact details for enquiries and correspondence in relation to this application.

|  |  |
| --- | --- |
| Contact person (main contact person for matters relating to this application) |  |
| Job title |  |
| Organisation |  |
| Postal address |  |
| Street address |  |
| Contact person’s telephone |  |
| Contact person’s email |  |
| Contact person’s fax |  |

## Reason for application for withdrawal of recognition

List the reason/s why the group training organisation is seeking withdrawal of recognition:

## Declaration (To be completed by a duly authorised representative of the organisation)

I certify that all information provided in this application is true and correct and not misleading in any way.

|  |  |
| --- | --- |
| **Name (please print)** |  |
| **Position** |  |
| **Signature** |  |
| **Contact telephone number** |  |
| **Date** |  |