



Binnacle
Training

RTO CODE 31319

INDEPENDENT CONTRACTOR THIRD-PARTY AGREEMENT

This document represents an Agreement between:

Binnacle Training College Pty Ltd (RTO 31319)

ABN 96 115 517 952

PO Box 2559


North Ipswich QLD 4305

AND

INDEPENDENT CONTRACTOR (THIRD PARTY)	
Australian Business Number (ABN)	
Personal Email Address*	

*** Important:** Your personal email account must be different to your school email address in order to establish a separate Binnacle Lounge account.

IMPORTANT TIPS FOR COMPLETING THIS AGREEMENT

1	To view this document, please ensure you have 'Adobe Acrobat Reader DC' installed on your device.	 Adobe Acrobat Reader DC
2	Before completing this document, please save to your computer first. This will allow the Agreement to be digitally completed and emailed back to Binnacle.	
3	<i>Once Steps 1-2 have been completed:</i> Please ensure you have read the full Third-Party Agreement document before signing and returning this Agreement to Binnacle.	

CONTENTS

CHECKLIST	FILLABLE SECTIONS	PAGE
<input checked="" type="checkbox"/>	Independent Contractor (Third Party) Program Manager <u>Program Area: FIRST AID</u>	3
<input checked="" type="checkbox"/>	Anticipated Programs / Program Deliverers	5
<input checked="" type="checkbox"/>	Training and Assessment Strategy Information (Independent Contractor-specific)	6
<input checked="" type="checkbox"/>	Marketing and Insurance Requirements for Independent Contractors – First Aid	7
<input checked="" type="checkbox"/>	Resource Requirements – Actions to Take	8
<input checked="" type="checkbox"/>	Principal Sign-Off	9

INDEPENDENT CONTRACTOR (THIRD PARTY) PROGRAM MANAGER

BINNACLE TRAINING – VET SUPPORT MANAGER*	
Name	Binnacle Training
Contact	Justine Scott
Position	VET Support Manager
Email	programs@binnacletraining.com.au
Phone	1300 303 715

INDEPENDENT CONTRACTOR (THIRD PARTY) – PROGRAM MANAGER	
Independent Contractor	
Program Manager	
Position	
Email	
Phone	

* In addition to Binnacle's VET Support Manager, each Independent Contractor (Third Party) will also be allocated a Binnacle Program Manager and Administration Officer. Our Program Managers are trained teachers who have previously taught the Binnacle program. You will be notified of your allocated Binnacle Program Manager and Administration Officer at the time of this Third-Party Agreement being formalised.

INDEPENDENT CONTRACTOR (THIRD PARTY) FINANCE CONTACT

Please record your nominated Finance Contact (if different from the Program Manager listed above). If this is the same person, please record N/A in each of the fillable spaces.

INDEPENDENT CONTRACTOR (THIRD PARTY) FINANCE CONTACT	
Name	
Email (e.g. accounts@)	
Alternate Email (e.g. Finance Officer's work email account)	
Phone	

IMPORTANT

ANTICIPATED PROGRAM AREAS AND CUSTOM TRAINING AND ASSESSMENT STRATEGY INFORMATION ASSOCIATED WITH THIS AGREEMENT

Actions to take:

1. Select which Binnacle First Aid program(s) you are set to offer.
2. List your program deliverer(s).
3. Complete the Training and Assessment Strategy information (Independent Contractor-specific), including 'actions to take' regarding any requisite human resources (e.g. CPR refresher teacher training) and/or physical resources (e.g. equipment items) that are yet to be completed and/or sourced.
4. Submit your marketing material (i.e. Course Outline, or similar) if applicable, plus any applicable website marketing pertaining to each Binnacle First Aid and CPR program offering, for Binnacle pre-approval.

NOTE: Binnacle Training's First Aid and CPR Course Outline templates are available at our [Support Centre](#) (select: Independent Contractor).

5. Submit your proof of insurance (i.e. Certificate of Currency, or similar) as Independent Contractor – ensuring the entity listed on the Certificate of Currency matches the name of the Independent Contractor listed on this Agreement.

PROGRAM AREA: FIRST AID

Binnacle Program	First Aid including CPR (HLTAID011)
	CPR Only (HLTAID009)
Anticipated Teachers (Program Deliverers)	
NAME	EMAIL

Binnacle Program	First Aid including CPR (HLTAID011)
	CPR Only (HLTAID009)
Anticipated Teachers (Program Deliverers)	
NAME	EMAIL

TAE + CURRENT FIRST AID & CPR

Prior to the commencement of delivery, each program deliverer must hold a) a current Certificate IV in Training and Assessment (TAE); and b) a current Provide First Aid certificate (within 3 years) and Provide CPR certificate (within 12 months). The TAE plus current First Aid and CPR must be uploaded to each deliverer's Binnacle Profile.

For a full outline of human resource requirements to deliver this course, please visit Binnacle Training's 'Teacher HR Requirements - 2024 First Aid', available at our [Support Centre](#) (Select: Resource Requirements).

TRAINING AND ASSESSMENT STRATEGY INFORMATION (INDEPENDENT CONTRACTOR-SPECIFIC)

2024 First Aid Courses (as selected above)

The following 'Independent Contractor-specific' information is vital for Binnacle Training to use in order to fully satisfy *RTO Standards 2015 - Clauses 1.1 to 1.4 and 2.2—Implementing, monitoring and evaluating training and assessment strategies and practices*. This information will be used to accompany Binnacle Training's "shell" Training and Assessment Strategy, available at our [Support Centre](#) (Select: Training and Assessment Strategy).

TARGET GROUP	<p>Teachers and other school staff</p> <p>Non-school participants (i.e. adults in the community). If yes - please specify:</p>
ENTRY LEVEL	<p>Will participants entering this program have previous First Aid industry experience or have completed formal training in First Aid and/or CPR?</p> <p>Yes – specify below</p> <p>No</p>
ADDITIONAL FIRST AID FACILITIES & RESOURCES <i>(i.e. in addition to those 'mandatory requirements' as listed in Binnacle Training's 'School Physical Resource Requirements', available at our Support Centre (Select: Resource Requirements))</i>	<p>Additional facilities and resources – for example, if your training venue (e.g. school) has access to additional external facilities to support training delivery – please specify. If no additional facilities and resources, please record N/A.</p>
ADDITIONAL INFORMATION	<p>Please record other Independent Contractor-specific information for incorporating in Binnacle's Training and Assessment Strategy (TAS). If no additional information, please record N/A.</p>

MARKETING AND INSURANCE REQUIREMENTS FOR INDEPENDENT CONTRACTORS – FIRST AID

MARKETING MATERIAL – FOR BINNACLE PRE-APPROVAL

For each Binnacle First Aid and CPR Program you are set to offer:

Please submit, if applicable, your marketing material (e.g. course outline).

Please refer to Binnacle Training's 'Course Outline – First Aid' templates for Independent Contractors (as Third Party) to use/reference, located at our [Support Centre](#) (Select: Independent Contractor)

This pre-approval process will ensure your (current and future) marketing of Binnacle programs meets strict compliance requirements set by ASQA as regulator.

Select one of the following:

I, as Independent Contractor, have included my First Aid marketing material (e.g. course outline).

I, as Independent Contractor, do not have any marketing material specific to First Aid and CPR delivered with Binnacle Training.

WEBSITE MARKETING (if applicable) – FOR BINNACLE PRE-APPROVAL

For each Binnacle First Aid and CPR Program you are set to offer:

Please record your specific webpage(s) where reference to this VET course is made, if applicable.

Please refer to Binnacle's 'Marketing Requirements for Independent Contractors – First Aid' at our [Support Centre](#) (Select: Independent Contractor).

This pre-approval process will ensure your (current and future) marketing of Binnacle programs meets strict compliance requirements set by ASQA as regulator.

Webpages (URL):

If no specific webpage(s), please record N/A.

<p><u>PROOF OF INSURANCE – FOR BINNACLE PRE-APPROVAL</u></p>	<p>Please submit – to accompany this Signed Agreement - your proof of insurance (i.e. Certificate of Currency, or similar) as Independent Contractor – ensuring the entity listed on the insurance matches the name of the entity (Independent Contractor) listed on this Agreement (i.e. Independent Contractor must hold insurance separate to that of the school). Your insurance <u>must</u> include the following (minimum) levels of cover:</p> <ul style="list-style-type: none"> • Public Liability (level of cover = \$10 million) • Professional Indemnity (level of cover = \$1 million). <p><i>As per Appendix 3 of the Independent Contractor Third Party Agreement, for Independent Contractors seeking an insurance provider, Binnacle recommends: HPI ONLINE - Specialist insurance solutions for Health Professionals (https://www.hpionline.com.au)</i></p> <p>I, as Independent Contractor, have submitted my proof of insurance with the minimum level of cover stipulated above.</p>
---	--

RESOURCE REQUIREMENTS – ACTIONS TO TAKE (IF APPLICABLE)	
<p>PHYSICAL RESOURCES ACTION(S) TO BE TAKEN</p> <p><i>Include here any training equipment items required.</i></p> <p><u>NOTE:</u> <i>Training equipment items available at Binnacle Shop.</i></p>	<p>If you are not currently meeting the SCHOOL PHYSICAL RESOURCE requirements of this Binnacle Program (refer to School Physical Resource Requirements – 2024 First Aid), please describe action(s) to be taken to ensure these are met prior to program delivery.</p> <p>If you, as Independent Contractor, are currently meeting these requirements, please record N/A.</p>
<p>TEACHER HUMAN RESOURCES ACTION(S) TO BE TAKEN</p> <p><i>Include here any teacher training required (e.g. CPR Refresher).</i></p>	<p>If you are not currently meeting the TEACHER HUMAN RESOURCE requirements of this Binnacle Program (refer to Teacher Human Resource Requirements – 2024 First Aid), please describe action(s) to be taken to ensure these are met prior to program delivery.</p> <p>If you, as Independent Contractor, are currently meeting these requirements, please record N/A.</p>

PRINCIPAL SIGN-OFF

This document represents an Agreement between:

Binnacle Training College Pty Ltd (RTO 31319) AND

--

For the provision of advice on training and assessment, the quality assurance of assessment, and the issuance of AQF qualifications and/or Statement of Attainment.

INDEPENDENT CONTRACTOR (THIRD PARTY)

Name	Email
Declaration	<p>I <u>declare</u> that I have the authority to enter into an Agreement for and on behalf of the Independent Contractor above. I, the undersigned, agree to the provisions outlined in this Agreement.</p> <p>I <u>agree</u> the physical resource requirements and teacher human resource requirements, specific to this Binnacle program (refer to the 'Resource Requirements' section above) are met; or in cases where one or more items listed on the resource requirements aren't met, that a summary of action/s to be taken have been outlined and will be actioned prior to program commencement. Binnacle Training will consult with me to provide evidence the requisite school physical resources are in place.</p> <p>I <u>have supplied</u>, if applicable, my marketing material (e.g. course outline plus applicable website marketing) for Binnacle pre-approval, for each Binnacle First Aid and CPR Program selected above.</p> <p>I <u>have supplied</u> our proof of insurance (i.e. Certificate of Currency, or similar) as Independent Contractor, for both Public Liability and Professional Indemnity.</p> <p>I <u>confirm</u> the above Training and Assessment Strategy Information (Independent Contractor-specific) to be implemented within Binnacle's Training and Assessment Strategy.</p> <p>I <u>will provide</u> advice to prospective students, specific to this training product, as required.</p> <p>I <u>understand</u> the Agreement will take effect from the date of Principal Sign-Off and shall terminate two years thereafter <i>(or the final date of completion for students enrolled in a 2024 course, whichever date falls last)</i>.</p>
Signature	Date

LEAD RTO

Organisation	Binnacle Training		
Name/Title	Aaron Bulow – Chief Executive Officer	Email	programs@binnacletraining.com.au
Declaration	I <u>declare</u> that I have the authority to enter into a partnership arrangement for and on behalf of Binnacle Training. I, the undersigned, agree to the provisions outlined in this Agreement.		
Signature		Date	