



# Employee trainer amendment form

Guide, Hearing and Assistance Dogs Act 2009 (the Act)

## How to complete this form

You can complete this form on your computer using Adobe Acrobat Reader and some browsers, or you can print it.

If you have a printed form:

- Use black or blue pen
- Print in BLOCK LETTERS
- Tick your selection in the check boxes.

Electronic signatures are acceptable if you are not printing the form.

**This form is to be completed by approved training institution (corporation) to add or remove employee trainers.**

## Part A

### Approved training institution details

Trading name:

Corporation name:

### Business address

Street:

Suburb:

State:

Postcode:

Postal address (if different from street address):

Suburb:

State:

Postcode:

Home phone:

Alternate phone:

### Category of approval (select all that apply)

- Guide dog     Hearing dog     Assistance dog

### Reason for amendment

The approved organisation has new employee trainers. **Complete Part B.**

The approved organisation is removing existing employee trainers. **Complete Part C.**

**Will the corporation require the Queensland Government to produce employee trainer identity cards?**

Yes

No

**Part B****Adding new employee trainers to the approved training institution****1. Name of new employee trainer:**


Phone:

Email:

In what category does this employee trainer train?

 Guide dog     Hearing dog     Assistance dog

Has this employee trainer been told to submit their criminal history screening Form GHA-1 and criminal history disclosure Form GHA-2 directly to the department?

Yes

No

**2. Name of new employee trainer:**


Phone:

Email:

In what category does this employee trainer train?

 Guide dog     Hearing dog     Assistance dog

Has this employee trainer been told to submit their criminal history screening Form GHA-1 and criminal history disclosure Form GHA-2 directly to the department?

Yes

No

**3. Name of new employee trainer:**


Phone:

Email:

In what category does this employee trainer train?

 Guide dog     Hearing dog     Assistance dog

Has this employee trainer been told to submit their criminal history screening Form GHA-1 and criminal history disclosure Form GHA-2 directly to the department?

Yes

No

**4. Name of new employee trainer:**

Phone:

Email:

In what category does this employee trainer train?

 Guide dog     Hearing dog     Assistance dog

Has this employee trainer been told to submit their criminal history screening Form GHA-1 and criminal history disclosure Form GHA-2 directly to the department?

Yes

No

**5. Name of new employee trainer:**

Phone:

Email:

In what category does this employee trainer train?

 Guide dog     Hearing dog     Assistance dog

Has this employee trainer been told to submit their criminal history screening Form GHA-1 and criminal history disclosure Form GHA-2 directly to the department?

Yes

No

**6. Name of new employee trainer:**

Phone:

Email:

In what category does this employee trainer train?

 Guide dog     Hearing dog     Assistance dog

Has this employee trainer been told to submit their criminal history screening Form GHA-1 and criminal history disclosure Form GHA-2 directly to the department?

Yes

No

**7. Name of new employee trainer:**

Phone:

Email:

In what category does this employee trainer train?

 Guide dog     Hearing dog     Assistance dog

Has this employee trainer been told to submit their criminal history screening Form GHA-1 and criminal history disclosure Form GHA-2 directly to the department?

Yes

No

**Part C****1. Name of employee trainer to be removed:**


Phone:

Email:

In what category does this employee trainer train?

 Guide dog     Hearing dog     Assistance dog
**2. Name of employee trainer to be removed:**


Phone:

Email:

In what category does this employee trainer train?

 Guide dog     Hearing dog     Assistance dog
**3. Name of employee trainer to be removed:**


Phone:

Email:

In what category does this employee trainer train?

 Guide dog     Hearing dog     Assistance dog
**4. Name of employee trainer to be removed:**


Phone:

Email:

In what category does this employee trainer train?

 Guide dog     Hearing dog     Assistance dog
**5. Name of employee trainer to be removed:**


Phone:

Email:

In what category does this employee trainer train?

 Guide dog     Hearing dog     Assistance dog

**6. Name of employee trainer to be removed:**


Phone:

Email:

In what category does this employee trainer train?

 Guide dog     Hearing dog     Assistance dog

**If an employee trainer ceases employment with the approved training institution and had an employee trainer identity card which had been produced by the department, the identity card must be returned to:**

**Attention 'Manager, Guide Hearing and Assistance Dogs Team'**

Locked Bag 3405  
Brisbane QLD 4001

Signature of institution representative:

Name of institution representative:

Date:

**Return:**Via email to [ghad@qld.gov.au](mailto:ghad@qld.gov.au)**OR mail to Attention 'Manager, Guide Hearing and Assistance Dogs Team'**

Locked Bag 3405  
Brisbane QLD 4001

**For further information:**

Phone: 13QGOV (13 74 68) TTY: 133 677

Email: [ghad@qld.gov.au](mailto:ghad@qld.gov.au)

Postal: Locked Bag 3405, Brisbane QLD 4001

Website: [www.qld.gov.au/ghad](http://www.qld.gov.au/ghad)