



**Binnacle**  
Training

*Allowing teachers to teach*

# INDEPENDENT CONTRACTOR THIRD PARTY AGREEMENT

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**This document represents an Agreement between:**

**Binnacle Training College Pty Ltd**  
**RTO 31319**

**ABN: 96 115 517 952**

**PO Box 110**


**New Farm QLD 4005**

**AND**

<b>INDEPENDENT CONTRACTOR (THIRD PARTY)</b>	
<b>Australian Business Number (ABN)</b>	
<b>Personal Email Address*</b>	

**\* 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

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|---|--|--|
| 1 | To view this document, please ensure you have 'Adobe Reader' installed on your computer.   |  |
| 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><br>Please ensure you have read the full Partnership Agreement document before signing and returning this Agreement to Binnacle. |  |

## PROGRAM MANAGER ASSIGNED TO THIS AGREEMENT

BINNACLE TRAINING - ADMINISTRATION MANAGER*	
Name	Binnacle Training
Contact	Justine Scott
Position	Administration Manager
Email	programs@binnacletraining.com.au
Phone	1300 303 715

INDEPENDENT CONTRACTOR PROGRAM DELIVERER	
Name	
Program Manager	
Position	
Email	
Phone	

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

**IMPORTANT:** Program Deliverer must hold, or is set to hold, a current Certificate IV in Training and Assessment [i.e. TAE40116, or TAE40110 + the two new core units TAEASS502 (or equivalent) and TAELLN411 (or equivalent)] prior to enrolment of students into the program. A certified copy of this qualification is required to be uploaded to that teacher's Binnacle Profile, located within their Binnacle Lounge.

# RESOURCE REQUIREMENTS

## ACTIONS TO TAKE (IF APPLICABLE)

If you are not currently meeting the PHYSICAL RESOURCE and HUMAN RESOURCE requirements as outlined in the 'Binnacle 2020 Independent Contractor Third Party Agreement (Appendix 2)', please describe action(s) to be taken to ensure these are met prior to program delivery. **NOTE: PLEASE LEAVE SECTIONS BLANK IF YOU ARE CURRENTLY MEETING THESE REQUIREMENTS.**

FIRST AID/CPR	
<p><b>PHYSICAL RESOURCES</b> <b>ACTION(S) TO BE TAKEN</b> <i>Include here any First Aid equipment items required.</i> <i><u>NOTE:</u> All items available at <a href="#">Binnacle Shop</a>.</i></p>	
<p><b>HUMAN RESOURCES</b> <b>ACTION(S) TO BE TAKEN</b> <i>Include here any teacher training required (e.g. Cert IV TAE).</i></p>	

# INDEPENDENT CONTRACTOR (THIRD PARTY) SIGN-OFF

This document represents an Agreement between:

**Binnacle Training College Pty Ltd**

**AND**

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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.

LEAD RTO	
Organisation	Binnacle Training
Name/Title	Aaron Bulow – Chief Executive Officer
Email:	aaron.bulow@binnacletraining.com.au
Declaration	I declare that I have the authority to enter into a Third Party arrangement for and on half of Binnacle Training. I, the undersigned, agree to the provisions outlined in this Agreement.
Signature:	
Date:	

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 Independent Contractor above. I, the undersigned, agree to the provisions outlined in this Agreement.</p> <p>I <u>agree</u> the Resource Requirements (see Appendix 2 of full Third Party Agreement), specific to each nominated program, 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 above and will be actioned prior to program commencement.</p>
Signature:	
Date:	