



**SHS QUALITY STANDARDS
BNG PORTAL ACCESS APPLICATION FORM**

Email this completed form to project@shssectordev.org.au

1. ORGANISATION DETAILS

Name of SHS organisation: _____

Contact person: _____

Contact email: _____

2. BNG PORTAL ACCESS

2a. What is your organisation's total income for financial year 2014-15? _____

2b. What is your SHS income for financial year 2014-15? _____

2c. Do you intend to use the IP customised SHS BNG Portal to record your evidence? Yes
 No

3. APPLICATION SIGNATURE

Signature of authorised person in the SHS organisation:

Name: _____

Position: _____

Signature: _____

Date: _____

OFFICE USE ONLY

Eligibility:

Authorised by: _____

Date: _____