



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

Email this completed form to [project@shssectordev.org.au](mailto: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 2015-16? \_\_\_\_\_

2b. What is your SHS income for financial year 2015-16? \_\_\_\_\_

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: \_\_\_\_\_