Application for accreditation - HRW Assessor

Use this form to apply for an accreditation as a high risk work Assessor under Regulation 113 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.

For the relevant application fee, visit the <u>Licensing fees and charges</u> webpage.

Application type:	New	/Reciprocal		Rene	wal			Adding a	class			
1. Assessor details												
Surname:												
Given names:							Date	e of birth:				
Contact number:						М	obile numb	er:				
Email address:								·				
Alternative email addr	ess:											
Address:												
Suburb:							State:		Pos	tcode:		
Is your postal address	the sa	me as above?	If no,	complete below	/: Y	'es		No				
Postal address:												
Suburb:							State:		Pos	tcode:		
2. Existing accredit	ation	(Interstate li	cence	holders/renev	wals/ad	ldir	ng classes	ONLY)				
NT Assessor number:							Expiry:					
Do you hold current e Commonwealth? (If ye	•				anothe	r St	tate, Territo	ory or	Yes		No	
Details:	Asse	ssor number:					State:					
Details:	Issue	e date:					Expiry da	te:				
Interstate applicants	only											
Attach a letter from reaccreditation	egister	ed training org	ganisat	ion (RTO) or en	nployer	shc	wing need	to obtain N	T Asses	ssor		
3. Information to b	e pub	lished on the	NT V	VorkSafe web	site							
I agree to my details b	• .	Ť			postal si	ubu	ırb is mand	atory)	Yes		No	
Assessor name	Pho	ne number		Mobile numbe	r 🗆		Email addı	ress 🗆	Posta	al subu	rb	
4. High risk work li	cence	details										
Licence number:			Issue	e date:				Expiry date:				
State issued:			Licer	nce class/es:								
Attached legible copy	of fro	nt and back of	curre	nt high risk wor	k licenc	e	Attached legible copy of front and back of current high risk work licence					





5. Licence cancellation/suspension/refusal details				
Have you ever been convicted or found guilty of an offence under the WHS Act or Regulations or under the WHS law of another State, Territory or the Commonwealth? (If yes, please provide details below)	Yes		No	
Have you ever had an equivalent accreditation under the WHS Act or Regulations or under the WHS law of another State, Territory or the Commonwealth refused, suspended or cancelled? (If yes, please provide details below)	Yes		No	
Have you entered into an enforceable undertaking under the WHS Act or under the WHS law of another State, Territory or the Commonwealth? (If yes, please provide details below)	Yes		No	
Are you or have you been disqualified from holding or applying for an equivalent accreditation under the WHS law of another State, Territory or the Commonwealth? (If yes, please provide details below)	Yes		No	
6. Registered training organisation (RTO) details				
Attach the notification or cancellation of alignment with a registered training organisation (RTO) – Hassessor (Note: you can be affiliated with more than one RTO)	RW			
Attach evidence that the RTO has the requested classes on their scope in the NT (Note: this can be obtained from training.gov.au website)				
7. Training requirements				
Attach evidence of training qualifications (minimum Certificate IV Training and Assessment (TAE10)				
8. Knowledge requirements				
I have access to a current copy of the Work Health and Safety (National Uniform Legislation) Act and Regulations 2011 (printed or electronic format)	d			
NOTE: These documents will be required when undertaking the <i>Act</i> and Regulations assessments.				
9. References (New only)				
Provide <u>two (2)</u> written referees <u>per licence class</u> . Information from referee must be <u>on organisation</u> signed and dated by referee and include the following information: • Length of time affiliated with organisation; • Your duties undertaken;	letter	head	,	
 Types of equipment used; Supervision/training experience of others within organisation, if any; Any reason for concern regarding commitment to work health and safety; Any further comments. 				

		Application for accreditation - HRW A	5565501
10. Select the licence class/s that apply to this accre	ditatio	on .	
Crane and hoist operations		Scaffolding work	
Tower Crane (CT)		Basic Scaffolding (SB) *	
Self-erecting Tower Crane (CS)		Intermediate Scaffolding (SI) *	
Derrick Crane (CD)		Advanced Scaffolding (SA) *	
Portal Boom Crane (CP)		Dogging and rigging work	
Bridge and Gantry Crane (CB)		Dogging (DG) *	
Vehicle Loading Crane (CV)		Basic Rigging (RB) *	
Non-slewing Mobile Crane (CN)		Intermediate Rigging (RI) *	
Slewing Mobile Crane with a capacity up to 20T (C2)		Advanced Rigging (RA) *	
Slewing Mobile Crane with a capacity up to 60T (C6)		Pressure equipment operation	
Slewing Mobile Crane with a capacity up to 100T (C1)		Standard Boiler Operation (BS)	
Slewing Mobile Crane with a capacity over 100T (CO)		Advanced Boiler Operation (BA)	
Boom-type Elevating Work Platform (WP)		Turbine Operation (TO)	
Materials Hoist (HM)		Reciprocating Steam Engine Operation (ES)	
Personnel and Materials Hoist (HP)		Forklift operation	
Concrete Placing Boom (PB)		Forklift Truck (LF)	
Reach Stacker (RS)		Order Picking Forklift Truck (LO)	
You are required to hold a licence for every class in the above of A copy of the licence/s you hold must be attached to this applic the appropriate types of industrial equipment for which registra	ation, ar	nd outline your recent industry and operational exper	
11. Industry and operational experience			ı
Attach a detailed letter or statutory declaration outlining experience directly relating to the training and assessmen Note: the below must be completed in the declaration: Business name/company worked for			
Industry sector i.e. mining, construction etc.			
• Employment dates (i.e.: 01/01/2021 to 26/10/2021	.)		
Relevant operating experience			
 Provide a detailed description of duties performed included 		ating to the operation of the equipment type (class urs	

- Supervisory experience in the workplace
 - Experience as a supervisor where the item of equipment (class applied for) was a fundamental piece of equipment utilised including total hours per day; and
 - O Detail the duties performed as a supervisor, the number of persons supervised and duration
- On-the-job trainer or training instructor experience
 - Experience as a trainer where the item of equipment (class applied for) was a fundamental piece of equipment utilised including total hours per day; and
 - o Detail the training programs developed and used, the number of courses given, participant numbers, dates etc.
- Assessor/Examiner experience
- Detail the number of personnel assessed, dates, duration of assessments, types of assessments and the criteria used for the assessments

12. Proof of identity (ID)

Applicants <u>must attach</u> either one of the following combinations:

- One primary and two secondary documents; or
- Two primary and one secondary documents from the list below.

ID must include at least one type of primary ID that contains the applicants name and date of birth. If you are unable to provide the required documents, please NT WorkSafe.

We will verify your identity against existing government records using the ID Match Document Verification Service. This service encrypts your information during verification. You can find out more about the service on the ID Match website - https://www.idmatch.gov.au

nttps://www.idmatcn.gov.au					
Consent for document verification					
document details I've p	norised to provide the personal details provided as evidence of identity to be che the Document Verification Service.			Yes 🗆	No 🗆
Primary document					Select
Australian birth certifica	ate/card				
Australian passport (not	te: passports are still valid for 2 years after ex	piry, unless cancelled)			
Australian citizenship c	ertificate				
Australian drivers licend	ce				
	d by the Commonwealth, State or Territo e, working with children's card, etc.	ory government that h	as your DO	B and	
Proof of Age Card issue	ed by an Australian State or Territory				
Identity document issue	ed by an Aboriginal Land Council that ha	s your photograph			
Secondary document					Select
Photo ID card showing	you are a Commonwealth, State or Terri	tory Government emp	oloyee		
Medicare, centrelink or health care card					
Credit card or debit card – one per bank only					
Council rates notice wit	th your name and current residential add	ress			
Utilities notice with you	ur name and current residential address				
Foreign drivers licence					
13. Receiving accredi	tation				
How do you wish to red	ceive the accreditation?	Post	Collect	ion 🗆	
14. Assessor declaration					
The information in this application is true and correct to the best of my knowledge. I have read and understood the conditions of accreditation as an assessor of high risk work classes and agree to always abide by them in the conduct of assessing applicants for high risk work licence under the WHS Regulation. I consent to the Work Health Authority making enquiries and exchanging information with WHS regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application. NT WorkSafe may also disclose your licence status to third parties who wish to check this status. The status of a licence refers to whether the licence is current or not, the expiry date and any conditions attached to the licence.					other States, close your
Assessor name:					
Assessor signature:			Date:		

Checklist

Additional requirements	New	Renewal
Application form completed and declaration signed		
Prescribed application fee (see <u>licensing fees and charges</u> page)		
One passport-size photograph not more than 6 months old attached Alternatively, photographs can be taken at any Territory Business Centre		
Proof of identity documents attached		
Copy of front and back of your current high risk work licence attached		
Copy of front and back of your current interstate high risk work assessor accreditation attached (if applicable)		N/A
Evidence of training qualifications (minimum Certificate IV Training and Assessment – TAE10) attached		N/A
Proof of address attached (i.e. water or electricity bill, council rates, or similar)		
A letter from registered training organisation (RTO) or employer showing need to obtain NT Assessor accreditation attached (Interstate applicants ONLY)		N/A
Two (2) written referees per licence class attached (Section 9)		N/A
A copy of your resume showing qualifications and experience in the classes applied for (must show minimum of two (2) years) attached		
A detailed letter or statutory declaration outlining your current industry skills and operational experience attached (Section 11)		
The notification or cancellation of alignment with a registered training organisation (RTO) – HRW Assessor attached (Note: you can be affiliated with more than one RTO)		
Attached evidence the RTO has the requested classes on their scope in the NT		

Privacy statement

The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the Northern Territory Information Act 2002.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete, and we will be unable to process it.

The information you provide will be accessible to Territory Business Centre and NT WorkSafe and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so, or you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the Northern Territory Information Act 2002, or the Office of the Information Commissioner NT.

Lodgement

Complete application	Complete applications can be lodged in person, email or via post at a <u>Territory Business Centre</u> below.				
Darwin Building 3, Darwin Corporate Park, 631 Stuart Highway Berrimah					
Katherine Big Rivers Government Centre, 5 First Street Katherine					
Alice Springs	Alice Springs Ground floor, The Green Well building, 50 Bath Street Alice Springs				
Tennant Creek Barkley Business Hub, 63 Haddock Street Tennant Creek					
Phone: 1800 193 111 Email: territorybusinesscentre@nt.gov.au Postal: GPO Box 9800, Darwin, NT 0801					

Payment details

A fee is payable on lodgement of this application form. Payment can be made by:

- Cash (in person only); or
- Cheque (made out to Receiver of Territory Monies); or
- Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment.