



Application to add a class to High Risk Work Assessor Accreditation

Work Health and Safety (General) Regulations 2022 (the Regulations)

How to complete this application

- 1. Read the Applicant Guide and application form in full to understand all of the information required. The Application Guide can be found here: www.wa.gov.au/media/50289/download?inline
- 2. Gather all required attachments.
- 3. Complete the application form in full.
- 4. Use the provided checklist to check the application is complete.
- 5. Submit the application along with payment of the required fee.
- 6. If you want to add more than three (3) classes of accreditation, submit an "Application to add a class" per three (3) additional classes.

For assistance completing this application phone 1300 424 091 or email <u>WorksafeRegistration@demirs.wa.gov.au</u>

How to submit this application							
Submise	sion method	Application fee					
Post	Licensing Services Department of Energy, Mines, Industry Regulation and Safety Locked Bag 100 EAST PERTH WA 6892	Attach Application Payment Form					
In person	Department of Energy, Mines, Industry Regulation and Safety Level 1, Mason Bird Building 303 Sevenoaks Street, Cannington	www.wa.gov.au/media/ 49956/download?inline					
	Office opening hours: 8.30am - 4.30pm, Monday to Friday						

*Fees are reviewed annually and are subject to change without notice. Current application fees can be found on the WorkSafe website

	OF	FICE USE ON	ILY	
Total Fee	\$ Department Code	WA	Chart Description	□ High Risk Work Assessor – Modification

PART 1: APPLICATION DETAILS

Applicant Details									
Family	y name								
Given names									
Resid addre	lential ss	Stre	et address						
		Sub	urb					Postcode	
differer	l address (if at to residential	Postal address							
addres	\$)	Sub	urb					Postcode	
Phone	e no.								
Email									
				Cur	rent Accredita	tion detai	ls		
Accre	ditation Numbe	r				Expiry Date			
			Clas	ss/es	of accreditation	being app	lied fo	r	
1. <u>/</u>	A maximum of	thre	e (3) class	ses ca	n be applied for pe	er application	•		
	<u>Classes of acc</u> For example, ar class must be a	ז SA	class of a	ccredita		itle an asses	sor to a	lso assess SI and SB. Each	
	SB - Basic scaffo	lding			CP - Portal boom crane			WP - Boom-type elevating work platform	
	SI - Intermediate	scaffo	lding		CB - Bridge and gan	try crane		PB - Concrete placing boom	
	SA - Advanced so	caffold	ing		CV - Vehicle loading	crane		RS - Reach stacker	
	DG - Dogging				CN - Non-slewing mo	bile crane		LF - Forklift truck	
RB - Basic rigging			C2 - Slewing mobile 20t	crane - up to		LO - Order-picking forklift truck			
RI - Intermediate rigging			C6 - Slewing mobile crane - up to 60t			BS - Standard boiler			
	RA - Advanced rig	gging			C1 - Slewing mobile crane - up to 100t			BA - Advanced boiler	
	CT - Tower crane				CO - Slewing mobile crane - over 100t			TO - Steam turbine	
	CS - Self-erecting	towe	r crane		HM - Materials hoist			ES - Reciprocating steam engine	
CD - Derrick crane			HP - Personnel and materials hoist						

PART 2: ATTACHMENTS

Attach the following documents to your application

A letter from an RTO confirming you will be:

- 1. engaged to complete high risk work competency assessments of the relevant class/es in association with the RTO delivering the training in WA.
- 2. trained in the use of the relevant National Assessment Instruments (NAI) and Notice of Assessment (NOA) book for the relevant class/es.

If you are applying for more than one class you are required to attach a letter (or letters) that applies to each of the classes being applied for.

PART 4: CONDITIONS OF ACCREDITATION

- If granted, the standard conditions published online at <u>www.wa.gov.au/government/multi-step-guides/high-risk-work-licence-assessor-add-class-application</u> apply to all assessor accreditations.
- By submitting this application, you are acknowledging awareness of these conditions and your ability and agreement to comply with them.
- Conditions applied to accreditation can be amended from time to time. You will be notified if conditions on an accreditation are going to be amended.

PART 3: PROBITY QUESTIONS

Probity questions								
For help understanding these questions read the applicant guide here: <u>www.wa.gov.au/media/50289/download?inline</u> or call 1300 424 091.								
1. Do you have a current Australia?	you have a current assessor accreditation in another State/Territory in Stralia?							
	een convicted or found guilty of an offence under Work Stylegislation in Australia?							
	e you ever entered into an enforceable undertaking under Work Health Safety legislation in Australia?							
	Have you ever been refused an equivalent high risk work assessor accreditation in Australia?							
	Have you previously held a high risk work assessor accreditation in Australia which had conditions imposed on it, or which was suspended or cancelled?							
	Have you ever been disqualified from applying for a high risk work assessor accreditation in Australia?							
	y of the above questions, attach details. A 'yes' response ia Commissioner on the facts presented and may not affe							
Declaration of applicant								
Section 268 of the <i>Work Health and Safety Act 2020</i> provides for penalties of up to \$12,500 for a person who gives information that the person knows to be false or misleading in a material particular or omits any matter or thing without which the information is misleading; or who provides a document that the person knows to be false or misleading in a material particular.								
 By signing this application form I declare that the information and documents I have provided in support of this application are true and correct. 								
	lication form I declare that the information and documents	I have provide	d in support					
of this application a 2. In addition, by sign	lication form I declare that the information and documents are true and correct. ing this form, I give consent to the WorkSafe Commissione half any document, record, file, or information that may be	er, or persons s	so directed,					
of this application a 2. In addition, by sign to obtain on my be consider this applie 3. I have read, unders titled 'WorkSafe ac Department of Ene	lication form I declare that the information and documents are true and correct. ing this form, I give consent to the WorkSafe Commissione half any document, record, file, or information that may be	er, or persons s necessary and tion stated on t sses' as publish nderstand that	so directed, I relevant to he document ned on the non-					
of this application a 2. In addition, by sign to obtain on my be consider this applid 3. I have read, unders titled 'WorkSafe ac Department of Ene compliance with ar 4. I understand that if provided 28 days t	dication form I declare that the information and documents are true and correct. ing this form, I give consent to the WorkSafe Commissione half any document, record, file, or information that may be cation. stood and agree to comply with the conditions of accreditate credited assessor conditions for high risk work licence classergy, Mines, Industry Regulation and Safety website, and u	er, or persons s necessary and tion stated on t sses' as publish nderstand that ed or cancelled ntacted by em the required in	so directed, I relevant to he document ned on the non- ail and					
 of this application a 2. In addition, by sign to obtain on my be consider this applic 3. I have read, unders titled 'WorkSafe ac Department of Ene compliance with ar 4. I understand that if provided 28 days to my application will 	dication form I declare that the information and documents are true and correct. ing this form, I give consent to the WorkSafe Commissione half any document, record, file, or information that may be cation. stood and agree to comply with the conditions of accreditate credited assessor conditions for high risk work licence class ergy, Mines, Industry Regulation and Safety website, and u by condition may result in the accreditation being suspende my application is incomplete or contains errors I will be co o provide the required information. If I do not respond with	er, or persons s necessary and tion stated on t sses' as publish nderstand that ed or cancelled ntacted by em the required in	so directed, I relevant to he document ned on the non- ail and					

PART 5: STATEMENT OF EXPERIENCE

How to complete this Statement of Experience (SOE):

- Complete a new SOE for each class applied for (maximum three per application).
- Refer to the applicant guide for examples of how to complete a SOE.
- Licensing Officers will review your SOE to determine if you have enough experience to assess competency for high risk work. Experience is assessed based on:
 - a. How much experience you have (years),
 - b. How recent the experience is,
 - c. How much variety of experience you have.
- Applicants are expected to have:
 - a. at least 1 year of full time (1,500 hours/40 weeks) experience in the last 5 years, or
 - b. a significant amount of experience more than 5 years ago and evidence of maintenance of competency in the last 5 years.
- Work experience that will be accepted includes conducting; direct supervision; training; consulting; advising or similar responsibilities, which maintain or develop your skills in the class of high risk work being applied for.
- The experience must be or have been an essential element of your employment and undertaken on a routine basis.
- At least half of the experience must have been in real world industry situations other than an RTO environment.
- Have the SOE endorsed by your employer/independent and credible referee.

A credible and independent referee means a person who:

- 1. has the skills to assess the scope and quality of the experience claimed by the applicant, and
- 2. was able to assess the scope and quality of the experience claimed by you (such as a person directly supervising the work), and
- 3. is not a relative; employee, co-worker or subordinate worker, office manager or HR manager, and
- 4. does not have any actual or perceived conflict of interest in providing the reference.

For experience gained while employed, a credible and independent referee is the Applicant's employer or an authorised representative of the Applicant's employer.

- To avoid delays in processing your application, complete all parts of the SOE with as much detail as possible.
- Print additional pages if required.

Note: Applicants for reciprocating steam engine (ES), advance scaffolding (SA) or advanced rigging (RA) should refer to the Applicant Guide for details of additional experience requirements for these classes.

		Statement of	Ехре	erience		
Class of high risk w (one class per SOE)	ork					
Employer/Company	name					
Start Date DD/MM/Y	YYY			End Date DD/MM/YYYY		
Provide a detailed	descriptio	on of the activities perfo	formed	in relation to the class of	high risk work	Hours per week
	Provide	the makes and model	ls of a	ny relevant equipment/pla	nt used	
		Specify details i.e	e. lifting	g capacity, brand etc.		
		Poforo		claration		
By signing this sta	atement of			e direct knowledge of the app	licant's experience.	
I confirm the expe	rience deta	ailed above is true and co	orrect.	ke the class of high risk work		otly
		d to be made on the date				luy.
Referee Full Name						
Relationship						
Phone Number						
Email						
Signature						

		St	atemen	t of E	perienc	ce			
Class of high risk w (one class per SOE)	ork								
Employer/Company	name								
Start Date DD/MM/Y	YYY				End Dat	e DD/MM/YYY	Y		
Provide a detailed	descriptio	on of the a	ctivities p	erforme	d in relatio	n to the class o	of hi	gh risk work	Hours per week
	Provide	the make	s and mo	dels of a	any relevai	nt equipment/pl	lant	used	
					g capacity,				
By signing this sta	tomont of (vporionco					nnli	cant's ovporiones	
I confirm the expe	rience deta	iled above	is true and	d correct.					
 I am confident that This declaration is 							ork s	afely and compete	ently.
Referee Full Name									
Relationship									
Phone Number									
Email									
Signature									

		Statement o	fExperience		
Class of high risk wo (one class per SOE)	ork				
Employer/Company r	name				
Start Date DD/MM/YY	YYY		End Date DD/MM/YYYY		
Provide a detailed of	description of	the activities performe	ed in relation to the class of h	igh risk work	Hours per week
	Provide the		any relevant equipment/plant ng capacity, brand etc.	t used	
		Referee D	eclaration		
			ve direct knowledge of the appl	icant's experience.	
		above is true and correct nas the abilities to undert	ake the class of high risk work a	safely and competer	ntly.
	considered to	be made on the date the	application is submitted		
Referee Full Name					
Relationship					
Phone Number					
Email					
Signature					

APPLICATION CHECKLIST

Please ensure you have provided/completed each of the following:							
PAR	T 1: APPLICATION DETAILS						
	Application details completed in full						
PAR	T 2: ATTACHMENTS						
	Letter from RTO/s attached						
PAR	T 3: CONDITIONS						
	You have read, understood, and agree to comply with the conditions which will apply to the accreditation if granted. You are able to comply with the conditions.						
PAR	T 4: PROBITY AND DECLARATION						
	All probity questions have been answered and supporting documents provided (if required)						
	You have signed the declaration						
PAR	PART 5: STATEMENT OF EXPERIENCE						
	You have completed an SOE for each class applied for (maximum three per application).						